

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975.)

FILED

May 01 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 19967	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> P00581 (9)	
1. Corporation Name <b>SHANNON PROPERTIES, INC.</b>	

Principal Place of Business <b>1801 RICHARDS ROAD TOLEDO, OHIO 43607</b>	Mailing Address <b>P. O. BOX 906 TOLEDO, OHIO 43697</b>	3. Date Incorporated or Qualified <b>01/13/1984</b>	3a. Date of Last Report <b>03/15/96</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>34-1402624</b>	Applied For <input type="checkbox"/> Not Applicable
21. Sulte, Apt. #, etc.	26. Sulte, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. ZIP	28. Country	29. ZIP	30. Country
24. ZIP	25. Country	29. ZIP	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL. 33324</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL 85</b> ZIP

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

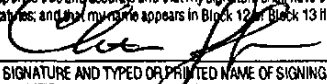
SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, EDWARD, J.</b>	1.2 NAME	
STREET ADDRESS	<b>4500 DORR STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH 43697</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDEN, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>4500 DORR STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH. 43697</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMERMAN, ALLAN</b>	3.2 NAME	
STREET ADDRESS	<b>1801 RICHARDS ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH. 43607</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AHLBERG, JON, P.</b>	4.2 NAME	
STREET ADDRESS	<b>1801 RICHARDS ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH. 43607</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, EDWARD, J.</b>	5.2 NAME	
STREET ADDRESS	<b>4500 DORR STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH. 43697</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ASS'T. TREASURER</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CZARKA, CHRISTOPHER</b>	6.2 NAME	
STREET ADDRESS	<b>4500 DORR STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO, OH. 43697</b>	6.4 CITY-ST-ZIP	

*PW  
5-1-97*

**600002165736**  
**-05/05/97--01040--076**  
**\*\*\*660.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Christopher J. Czarka** 4/25/97 419 535-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)