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FILED

**Jan 24 1997 8:00am
Secretary of State**



**PROFIT CORPORATION
ANNUAL REPORT
1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835507 (5)
1. Corporation Name
IR-MAPLE CORP.



Principal Place of Business
**C/O WEXFORD MANAGEMENT
411 WEST PUTNAM AVE.
GREENWICH CT 06830
US**

Mailing Address
**C/O WEXFORD MANAGEMENT
411 WEST PUTNAM AVE.
GREENWICH CT 06830-6233
US**

3. Date Incorporated or Qualified
12/01/1975

3a. Date of Last Report
03/12/1996

4. FEI Number
13-2849687

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOLTZ, ROBERT	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOVEIA, FRANK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PLAUMANN, MARK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, STEVE	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	MAYMUDES, JAY	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT 06830	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	AMRON, ARTHUR	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Jay Maymudes* Date: **1/17/97** Daytime Phone #: **(203)862-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)