

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F15187 (0)

1. Corporation Name

MAPLE TREE COMPANY

Principal Place of Business

777 SOUTH FLAGLER DRIVE  
1900 PHILLIPS POINT WEST  
W PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE  
1900 PHILLIPS POINT WEST  
W PALM BEACH FL 33401



2. Principal Place of Business

21 130 BLOOMFIELD DRIVE  
Suite, Apt. #, etc.

22 City & State  
23 WEST PALM BEACH, FLORIDA

24 Zip 33405  
25 Country USA

2a. Mailing Address

26 130 BLOOMFIELD DRIVE  
Suite, Apt. #, etc.

27 City & State  
28 WEST PALM BEACH, FLORIDA

29 Zip 33405  
30 Country USA

3. Date Incorporated or Qualified

01/16/1981

3a. Date of Last Report

02/06/1995

4. FEI Number

59-2063574

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

9. Name and Address of Current Registered Agent

FARRELL, JOHN M.  
777 SOUTH FLAGLER DRIVE  
1900 PHILLIPS POINT WEST  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name  
82 FARRELL, JOHN M.  
Street Address (P.O. Box Number is Not Acceptable)  
83 130 BLOOMFIELD DRIVE  
84 City  
85 WEST PALM BEACH FL 33405  
86 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

*John M. Farrell*

JOHN M. FARRELL

JAN 26, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
T	FARRELL, JOHN M	777 SOUTH FLAGLER DRIVE	W PALM BEACH FL	<input checked="" type="checkbox"/>
DPS	FARRELL, JOHN M	777 SOUTH FLAGLER DRIVE	W PALM BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DIRECTOR, PRES & TREASURER	JOHN M FARRELL	130 BLOOMFIELD DRIVE	WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRES & SECRETARY	JOANNA B FARRELL	130 BLOOMFIELD DRIVE	WEST PALM BEACH, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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:

*John M. Farrell* - JOHN M. FARRELL, PRES, 1/26/96, (407) 555 2375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)