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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE Secretary of STATE DIVISION OF CORPORATIONS

DOCUMENT # H49615 (8) 1. Corporation Name MAPLE SHADE TREE, INC.



Principal Place of Business: C/O KINGS CREEK APTS MANAGEMENT OFFICE 1101 NW 39TH AVE. GAINESVILLE FL 32609. Mailing Address: C/O KINGS CREEK APTS. MANAGEMENT OFFICE 1101 39TH AVE. GAINESVILLE FL 32609

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date Incorporated or Qualified (03/27/1985), 3a. Date of Last Report (06/19/1995), 4. FEI Number (59-2650753), 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent: MARTY, MARCEL E. MANAGEMENT OFFICE 1101 NW 39TH AVE. GAINESVILLE FL 32609

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as a duly authorized officer or registered agent, of the above-named corporation, hereby certifies that the information furnished is true and correct and that the undersigned is duly authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent Signature Required When Renistating)

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PD MARTY, MARCEL E. 42 TURKEY CREEK ALACHUA FL.

Table with 13 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 Date

Daytime Phone #

CR2E034 (12/95)