## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT '
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

FILED Apr 28 1997 8:00am Secretary of State

1. Corporation	N LAKE DEVELOP	nent Co oi	= MAPLE INC		
			•		
Principal Prace of Business Mailing Address					
9/0 TE	FFREY KANDENS	HU ATTY.			
4501 TAMIAMI TRAIL N. SUITE#400					
NAPLES, FL 34/03				3. Date Incorporated or Qualified	3a. Date of Last Report 4-/2-94
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 4501 7AM	HAMITRIU.	59-2788749	Not Applicable
Suitc Apt	# etc	Suite, Apt. #, etc.	TE#400	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	0	City & State	C.	6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 MAPLES I	Country	Trust Fund Contribution	Added to Fees
24	25	29 34/03	JSA	This corporation has liability for in Florida Statutes	Yes No
	9. Name and Address of Current			10. Name and Address of New Reg	listered Agent
ROSANNE STOTT  81 Name JEFFREY K  B2 Street Address (P.O. Box Number					SOHL ATTY.
B2 Street Addres				ess (P.O. Box Number is Not Acceptable 1	TRAIL N.
	FORT MYFILS	E1 42907	63	SUITE# 400	I KAIC I
	tope mywes	, [[330]	84 City		85 Zip Code
				PAPLES	FL 34/03
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. Landagent					
	on tarning with, and part out the dollight	ons of, Section 607.0505, Flor	ida Statutes.	4101	47
SIGNATURE	Is qualitie dyned or Carlo in the of a registered agent	and tile 1 applicable (NOTE	Registered Agent signature require	d when reinstating)	DATE
12.	MFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	······································
DELE NAME	TRAS- TRADE BURTON A. BINDS	<del></del>	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ACORESS	1527 SAM CARLOS	BAY DR	1.3 STREET ADDRESS		[8
CITY - \$1 - Zin	SAMIBEL, FL 3		1.4 CITY - S1 - ZIP		
Tiffe	UP SEC	DELETE	21 TITLE		☐ Change ☐ Addition
NAM:	JOHN TASSY COUR	7	22 NAME		
STREET ADD-4:55 City St-Zip	MAPLES, FL 33	963	2 3 STREET ADDRESS 2 4 City-St-Zip		
Trif		DELETE	31 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ALIJANSS			3.3 STREET ADDRESS		
011 y - Sf 20+ 1-111	A CONTRACTOR OF THE PROPERTY O	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
HAMÉ			4. 2 NAME		and a ready
SPRET AUDRESS			4.3 STREET ADDRESS		
61 V - ST 7		1 perete	44 CITY-ST-ZIP		A
111.E		L DELETE	5.1 TITLE 5.2 NAME	Mr. S.	Change L Addition
NAME STREET ADOPESS			5.2 NAME 5.3 STREET ADDRESS	K'	
C IY S' ZIF			5 4 CITY - ST - ZIP	<u>U</u>	
101.6		☐ DELETE	61 TITLE ,	80000215	Change Addition
NAM:			6.2 NAME	80000215 -04/23/970109 ***165.00	19044
STEEL ACTOR: 17 GITY St. ZII			6.3 STREET ADDRESS 6.4 CHY+ST-ZIP	***165.00	
14. I do heret	I by 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
enture at ori endicated 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 or rector of true proportion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					
appears in Breck 12 or Block 17 if changed or on an attachment with an address.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date Date Date Date Date Date Date					
	SIGNATURE AND TIFED ON	THE PERSON OF STREET		Daio	end who i recipt a