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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

MAPLE LEAF INVESTMENTS, INC.

FILED
Apr 17 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					a sadisate dia solit santi dinan esian bibit dini deni denis nutri dini denis dini denis dini denis	
4521 PGA BLVD #201 PO BOX 30211						
PALM BEACH GARDENS FL 33418 PALM BCH GDNS F			33420			
US		U\$			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 08/22/1990	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	_	26			65-0217829	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Cermicate of Status Desired	Fee Required
City & State	e	City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Cou	intry	8. This corporation owes or has paid to	
24	25	29	30	,	Personal Property Tax due June 30.	
	g. Name and Address of Curre	nt Hegistered Agent		64  )	10. Name and Address of New Regist	ered Agent
	RR, S A			81 Name		
	40 PGA BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	IITE LG-1					
· PA	LM BEACH GARDENS FL 33410	)		83		
Į				84 City		85 Zip Code
office or re	egistered agent, or both, in the State	e of Florida. Such chan <b>ge w</b>	as authorize	d by the corpora	rporation submits this statement for the purpation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
•	m familiar with, and accept the oblig	gations of, Section 607,0505	, rionda sta	wies.		
SIGNATURE	Signature, typod or printed name of registered ag	nent aud title if an dicable	NOTE: Begistere	d Agent signature regu	sired when feinstation)	DATE
12.	<del></del>	ID DIRECTORS	13.	igon eig maar requ	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 T	TLE		Change Addition
NAME	TARR, STEVEN		1.2 N	AME		_ · -
STREET ADDRESS	P.O. BOX 30211	N/A	135	TREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33420		TY-ST-ZIP		
TITLE		DELETE	2.1 TI			Change Addition
NAME			22 N	AME		_ , _
STREET ADDRESS			235	REET ADDRESS		
CITY-ST-ZIP			1	ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	3.1 TI			Change Addition
NAME	li .		3.2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				ITY-S1-ZIP		
TITLE		☐ DELETE	4.1 1)			Change Addition
NAME			4.2 N	AME		-
STREET ADDRESS			4.3 S	FREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	5.1 T)			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	REET ADDRESS		
CITY-SY-ZIP				TY-ST-ZIP		
TITLE		DELETE	6.1 TI			Change Addition
NAME			6.2 N	AME		•
STREET ADDRESS	· 2			REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
14 I hereby o	certify that the information supplied v	vith this filing does not qualif	y for the eve	emption stated in	Section 119.07(3)(i), Florida Statutes. I furt	ner certify that the information
indicated officer or r	on this annual report or supplement director of the cornoration or the rec	al conual report is true and a	accurate and to execute I	d that my signate	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	de under oath; that I am an that my name appears in
Block 12	or Block 13 if changed, or on an att	actiment with an address.	, o onocato	roport as tot	James Sy Shaptor Gory Florida Cidates, and	and the normal appears in

SIGNATURE.

561-622-3386