

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000090163 (3)

1. Corporation Name
MAPLE LEAF HOMES, INC.



Principal Place of Business 1551 E. SPRING RIDGE CIRCLE WINTER GARDENS FL 34787	Mailing Address 1551 E. SPRING RIDGE CIRCLE WINTER GARDENS FL 34787-2169
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2. Principal Place of Business 21 9739 Tower Pine Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 770158 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 05/01/1996
22 City & State Winter Garden, Fl.	27 City & State Winter Garden, Fl.	23 Zip 34787	28 Zip 34777	4. FEI Number 59-3345497	Applied For Not Applicable
24 Country U.S.	29 Country US	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SNYDER, SCOTT A 1551 E. SPRING RIDGE CIRCLE WINTER GARDENS FL 34787				10. Name and Address of New Registered Agent	
81 Name Snyder, Scott A	82 Street Address (P.O. Box Number is Not Acceptable) 9739 Tower Pine Rd.				
83	84 City Winter Garden				
	85 State FL	86 Zip Code 34787			

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 *Scott A. Snyder* **Scott A. Snyder** **4-15-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, SCOTT A	1.2 NAME	Snyder, Scott A
STREET ADDRESS	1551 E. SPRING RIDGE CIRCLE	1.3 STREET ADDRESS	9739 Tower Pine Rd.
CITY-ST-ZIP	WINTER GARDENS FL 34787	1.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JULI	2.2 NAME	Julianne Campbell
STREET ADDRESS	1551 E. SPRING RIDGE CIRCLE	2.3 STREET ADDRESS	9739 Tower Pine Rd.
CITY-ST-ZIP	WINTER GARDENS FL 34787	2.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Scott A. Snyder* **Scott A. Snyder** **4-15-97** (407) 650-4387

CR2E034 (9/96)