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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

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 34787-2168



2. Principal Place of Business 21 9739 Tower Pine Rd. Suite, Apt. #, etc. 22 City & State 23 Winter Garden, FL Zip 34787 Country U.S.		2a. Mailing Address 26 P.O. Box 770158 Suite, Apt. #, etc. 27 City & State 28 Winter Garden, FL Zip 34777 Country US		3. Date Incorporated or Qualified 11/22/1995		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-3345497		Applied For Not Applicable	
				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 82 Snyder, Scott A 83 Street Address (P.O. Box Number is Not Acceptable) 84 9739 Tower Pine Rd. 85 City Winter Garden FL 34787			
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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	P	NAME	SNYDER, SCOTT A	1.1 TITLE	P	1.2 NAME	Snyder, Scott A
STREET ADDRESS		STREET ADDRESS	1551 E. SPRING RIDGE CIRCLE	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	9739 Tower Pine Rd.
CITY-ST-ZIP		CITY-ST-ZIP	WINTER GARDENS FL 34787	2.1 TITLE	ST	2.2 NAME	Julianne Campbell
TITLE	ST	NAME	CAMPBELL, JULI	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	9739 Tower Pine Rd.
STREET ADDRESS		STREET ADDRESS	1551 E. SPRING RIDGE CIRCLE	3.1 TITLE		3.2 NAME	Winter Garden, FL 34787
CITY-ST-ZIP		CITY-ST-ZIP	WINTER GARDENS FL 34787	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		6.3 STREET ADDRESS		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 (4012) 4387

CR2E034 (9/96)