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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 # P96000045570 (4)

1. Corporation Name
MAPLEBROOK CORPORATION



Principal Place of Business
5331 NW 49TH AVE
COCONUT CREEK FL 33073

Mailing Address
5331 NW 49TH AVE
COCONUT CREEK FL 33073-3711

3. Date Incorporated or Qualified
05/29/1996
3a. Date of Last Report
New

2. Principal Place of Business

2a. Mailing Address

21 1501 S.W. 2nd AVE

26 1501 S.W. 2nd AVE

22 Suite, Apt #, etc.
APT # 9

27 Suite, Apt #, etc.
APT # 9

23 City & State
DANIA FL

28 City & State
DANIA, FL

24 Zip
33004

25 Country
BROWARD

29 Zip
33004

30 Country
BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANITUR, ERIC
325 MERIDIAN AVE #8
MIAMI BEACH FL 33139

81 Name
JOSEPH MURACA
82 Street Address (P.O. Box Number is Not Acceptable)
1501 S.W. 2nd AVE
83 APARTMENT # 9
84 City
DANIA FL
85 Zip Code
33004

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
Joseph Muraca

Joseph MURACA
(NOTE: Registered Agent signature required when reinstating)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
PRESIDENT
NAME
JOSEPH MURACA
STREET ADDRESS
1501 S.W. 2nd AVE
CITY - ST - ZIP
DANIA, FL 33004

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
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: Joseph Muraca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 954 570-5483
Date Day/mo Phone #

CR2E034 (9/96)