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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

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D&M MAPLEWOOD, INC.

appears in Block 12 or Block 13 if g

SIGNATURE:

anged, or on an attachment with an address

1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071		al Place of Business Mailing Address		T INDIINERS ILM LEUKA MINEU MOTIT MOTIT MOTE RELAK DILIM INDII DOLIM LEUKU MUSI MOTIT MOTIT		
	1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071-7820					
				3. Date Incorporated or Qualified 07/12/1996	3a. Date of Last F	Report
2. Principal Place of Business	2s. Mailing Address			4. FEI Number		pplied For
21	26 Suite Apt # ate	· ····		65-0690107	 	ot Applicable
Suile, Apt. #, ølc. 22	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 7	Additional equired
City & State	City & State			6. Election Campaign Financing		May Be
23 Country	28	Countr		Trust Fund Contribution		to Fees
24) 25 25	29	30 Country	у	8. This corporation has liability for Florida Statutes	intangible tax under s ☑ Yes No	s. 199.032,
g. Name and Address of Currer	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent	
ASARCH, STEVEN J		81	Name			
7777 GLADES ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
SUITE 200 BOCA RATON FL 33434		83	 			
DOOK INTON 12 30404		-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1551 50	A
		84	City		FL 85 Zip	Code
 Pursuant to the provisions of Sections 607.050 office or registered agent or both, in the State agent I am familiar with, and accept the obligi- SIGNATURE. 	e of Florida. Such change wa:	s authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing in the appointment as	its registered s registered
Styriatione, typical or printed name of registered agr	uit and (elle if applicable (N	OTE. Registered Ag	ent signature requ	ired when reinstating)	DATE	
	D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICE		
THE D	☐ DELETE	11 TITLE			L. Change	Addition
NAME FLORA, MICHAEL J	_	1.2 NAME				
STREET ACCURESS 1865 EAST EAGLE TRACE BLY	/D.		T ADDRESS			
CORAL SPRINGS FL 33071	DELETE	1.4 CiTY-:	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME FLORA, DOMENICA A		21 TITLE 22 NAME			Change	Aguitibi
NAME FLORA, DOMENICA A STREET ABORESS 1865 EAST EAGLE TRACE BLY	MD.					
CITY-ST-ZIP CORAL SPRINGS FL 33071	IU.	2.4 CiTY-	T ADDRESS			
TOLE	DELETE	3.1 TITLE	31-Z#		Change	Addition
NAME		3.2 NAME				_
STREET ADDRESS		3.3 STAEE	T ADDRESS			
C+T'r - S1 - 7\P		3.4. CITY-	ST-ZIP	·		
TITLE	☐ DELÉTE	4.1 TOLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREE	T ADDRESS			
CHY-\$1-7IP		4.4 City-1	ST - ZIP			
THEE	☐, DELETE	5.1 TITLE			Change	Addition
NAME:		5.2 NAME				
NA 412		5.3 STREE	T ADDRESS			
STREET ADDRESS						
STREET ADDRESS. CITY: ST-ZIC		5.4 CITY - 1	ST-ZIP			
STREET ADDRESS CITY- S1- ZIC TITLE	DELETE	6.1 TITLE			Change	Addition
STREET ADDRESS CITY-S1-ZIP TITUE NAME	DELETE	6.1 TITLE 6.2 NAME			Change	Addition
STREET ADDRESSS CITY - ST - ZIP TITLE	DELETE	6.1 TITLE 6.2 NAME	I ADDRESS		Change	Addition