

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

FILED

Jan 28 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 # H74388 (0)

1. Corporation Name
MAPLE CREEK PROPERTIES, INCORPORATED

Principal Place of Business
% GARY W. SMOLEK
12305 OLD MORRIS BRIDGE RD.
TAMPA FL 33637

Mailing Address
% GARY W. SMOLEK
12305 OLD MORRIS BRIDGE RD.
TAMPA FL 33637-5314



3. Date Incorporated or Qualified 09/03/1985
3a. Date of Last Report 04/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2577115		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent SMOLEK, GARY W. ROOM 435 ST. JOHNS COUNTY COURTHOUSE CORDOVA STREET ST. AUGUSTINE FL 32084 <i>NEW ADDRESS ST. Johns County JUDICIAL CENTER</i>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4010 LEWIS SPEEDWAY SUITE 299 83 84 City St. Augustine FL 85 Zip Code 32095			
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/22/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILSON, ALFRED W.		1.2 NAME				
STREET ADDRESS	12305 OLD MORRIS BRIDGE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILSON, MARGARET O.		2.2 NAME				
STREET ADDRESS	12305 OLD MORRIS BRIDGE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMOLEK, JEAN W.		3.2 NAME				
STREET ADDRESS	208 GREENCASTLE AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ECKHARDT, BEVERLY S.		4.2 NAME	ECKHARDT, BEVERLY S			
STREET ADDRESS	9701 SUNNYOAK DRIVE		4.3 STREET ADDRESS	9701 SUNNY OAK DRIVE			
CITY-ST-ZIP	RIVERVIEW FL 33569		4.4 CITY-ST-ZIP	RIVERVIEW, FL. 33569			
TITLE	DC	<input type="checkbox"/> DELETE	5.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMOLEK, MICHAEL A.		5.2 NAME	MICHAEL A. SMOLEK			
STREET ADDRESS	4 WOODREE WILSON DR.		5.3 STREET ADDRESS	47516 LUCAS COVE DR			
CITY-ST-ZIP	ST. MARYS CITY MD		5.4 CITY-ST-ZIP	ST. MARYS, MD			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMOLEK, GARY W.		6.2 NAME				
STREET ADDRESS	4 E PARK AVENUE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL		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: *[Signature]* MICHAEL A. SMOLEK 1/8/97 410-586-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)