SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISS[illegible]ED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079316 (1)

1. Corporation Name
OLDE MAPLE TREE, INC.

[redacted]

Principal Place of Business
15200 S US 41
SUITE 112
FT MYERS FL 33908

Mailing Address
15200 S US 41
SUITE 112
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 16260 DUBLIN CIRCLE	2a. Mailing Address: 26 16260 DUBLIN CIRCLE
Suite, Apt #, etc: 22	Suite, Apt. #, etc.: 27
City & State: 23 FORT MYERS, FLORIDA	City & State: 28 FORT MYERS, FLORIDA
Zip: 24 33908 / Country: 25 USA	Zip: 29 33908 / Country: 30 USA

3. Date Incorporated or Qualified: 09/23/1996
3a. Date of Last Report:
4. FEI Number: 65-0695350 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MOHR, HEINZ G
15200 S US 41
SUITE 112
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name: REINHARD K. JACOBS
82 Street Address (P.O. Box Number is Not Acceptable): 16260 DUBLIN CIRCLE
83
84 City: FORT MYERS FL 85 Zip Code 33908

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] REINHARD K. JACOBS 4-30-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	JACOBS, REINHARD K	
STREET ADDRESS	15200 S US 41 SUITE 112	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DV	☒ DELETE
NAME	MOHR, HEINZ G	
STREET ADDRESS	15200 S US 41 SUITE 112	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DT	☐ DELETE
NAME	JACOBS, REINHARD K	
STREET ADDRESS	15200 S US 41 SUITE 112	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DS	☒ DELETE
NAME	MOHR, HEINZ G	
STREET ADDRESS	15200 S US 41 SUITE 112	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	16260 DUBLIN CIRCLE	
1.4 CITY-ST-ZIP	FORT MYERS, FLORIDA 33908	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	16260 DUBLIN CIRCLE	
3.4 CITY-ST-ZIP	FORT MYERS, FLORIDA 33908	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

GS
5.21

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***150.00

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] 4-30-98