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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000072796 (4)

1. Corporate Name
DR. VON KAPFF & DR. RUOFF INVESTMENT, INC.

Principal Place of Business
~~1314 E CAPE CORAL PKWY.~~
~~#204~~
~~CAPE CORAL FL 33904~~
~~US~~

Mailing Address
~~1314 E CAPE CORAL PKWY.~~
~~#204~~
~~CAPE CORAL FL 33904~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 c/o Monika E. Farmar
22 Suite, Apt. # or Bldg. 725 Cape Coral Parkway W.
23 City & State Cape Coral
24 Zip 33914 25 County Lee

Mailing Address
26
27 Suite, Apt. # or Bldg. Same
28 City & State
29 Zip 30 Country

4. FEI Number 65-0443174 — 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. Does corporation qualify for exemption under S. 196.075 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
~~REMHOF, WALTER J~~
~~C/O IMPRESSIVE PROPERTIES REALTY, INC.~~
~~1314 E CAPE CORAL PKWY~~
~~CAPE CORAL FL 33904~~
Seemann, Ernest A
4729 Del Prado Blvd
Cape Coral Fl 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address ERNEST A. SEEMANN, ESQ.
4729 DEL PRADO BOULEVARD
83 CAPE CORAL, FLORIDA 33904
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1938, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
~~SH~~	~~REMHOF, WALTER J~~	~~1314 E CAPE CORAL PKWY~~	~~CAPE CORAL FL~~
D	ROUFF, FRIEDEMANN DR	~~[illegible]~~	~~[illegible] 33904~~
~~[illegible]~~			

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (CHECK ONE)

Title	Name	Street Address	City, State, Zip	Change	Addition
				[ ]	[ ]
		c/o Monika Farmar	725 Cape Coral Parkway W. Cape Coral, FL 33914	[✓]	[ ]
	D VON KAPFF, Thomas	c/o Monika Farmar	725 Cape Coral Parkway W. Cape Coral, FL 33914	[ ]	[✓]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

14. I hereby certify that the information supplied with this report is true and complete and does not omit, for the purpose of deceiving or misleading filing officers, any material fact required to be stated herein. I acknowledge 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Dr Thomas von Kapff 04/20/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813-542-8611

0320516 CP