FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000072796 (4)**

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

Principal Place of Business
~~C/O MONIKA E. FARMAR~~
~~725 CAPE CORAL PARKWAY W.~~
~~CAPE CORAL FL 33914~~
~~US~~

Mailing Address
~~C/O MONIKA E. FARMAR~~
~~725 CAPE CORAL PARKWAY W.~~
~~CAPE CORAL FL 33914~~
~~US~~

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business c/o
21 Heller Home Service, Inc.
Suite, Apt. #, etc.
22 4826 SW 20th Avenue
City & State
23 Cape Coral, FL
Zip: 24 33914 — Country: 25 Lee

2a. Mailing Address c/o
26 Heller Home Service, Inc.
Suite, Apt. #, etc.
27 4826 SW 20th Avenue
City & State
28 Cape Coral, FL
Zip: 29 33914 — Country: 30 Lee

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEEMANN, ERNEST A
4729 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	ROUFF, FRIEDEMANN D	
STREET ADDRESS	735 CAPE CORAL PARKWAY W.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director	☒ Change ☐ Addition
1.2 NAME	Friedemann Ruoff	
1.3 STREET ADDRESS	Wintergasse 6	
1.4 CITY-ST-ZIP	72414 Rangendingen - Germany	
2.1 TITLE	Director/President	☐ Change ☒ Addition
2.2 NAME	Thomas von Kapff	
2.3 STREET ADDRESS	Im Rotbad 17	
2.4 CITY-ST-ZIP	Tuebingen - Germany - 72076	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Thomas von Kapff — 02/23/96 — (941) 540-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #