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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
HELLER HOME SERVICE INC 4826 SW 20TH AVE CAPE CORAL FL 33914 US	HELLER HOME SERVICE INC 4826 SW 20TH AVE CAPE CORAL FL 33914-6919 US

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 02/27/1996

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

2. Principal Place of Business	2a. Mailing Address
21 Dr. Von Kapffa Dr.Ruff Inv. Inc.	26 Dr. Von Kapff
22 Suite, Apt. #, etc. 1022 Dolphin Drive	27 Suite, Apt. #, etc. Im Kelterngarten 27
23 City & State Cape Coral FL.	28 City & State Tuebingen
24 Zip 33904 25 Country Lee County	29 Zip D-72070 30 Country Germany

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: Gisela Soyke
82 Street Address (P.O. Box Number is Not Acceptable): 1907 S.E. 35. St.
83
84 City: Cape Coral FL 85 Zip Code: 33904

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] GISELA SOYKE Gisela Soyke 2-25-97
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROUFF, FRIEDEMANN D	1.2 NAME	
STREET ADDRESS	WINTERGRASSE 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	72414 RANGENDINGEN GE	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	KAPFF, THOMAS	2.2 NAME	
STREET ADDRESS	IM ROTBAD 17	2.3 STREET ADDRESS	Im Kelterngarten 27
CITY-ST-ZIP	TUEBINGEN GE	2.4 CITY-ST-ZIP	D-72070 Tuebingen GE.
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] THOMAS KAPFF 2-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #