

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095181 (9)**

1. Corporation Name

**CHRISTOPH INVESTMENT CORPORATION, INC.**

Principal Place of Business

**2729 SEVILLE BLVD. #6202  
CLEARWATER FL 34624**

Mailing Address

**2729 SEVILLE BLVD. #6202  
CLEARWATER FL 34624-1162**



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 **1311 Pepper Tree Place**  
23 City & State  
**Rockledge, Florida**  
24 Zip  
**32955**

2a. Mailing Address

26 **1311 Pepper Tree Place**  
27 Suite, Apt. #, etc.  
28 City & State  
**Rockledge, Florida**  
29 Zip  
**32955**

3. Date Incorporated or Qualified

**11/21/1996**

3a. Date of Last Report

4. FEI Number

**59-3412159**

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

g. Name and Address of Current Registered Agent

**CRIMARCO, GEORGE E**  
**2729 SEVILLE BLVD. #6202**  
**CLEARWATER FL 34624**  
**701 Brickell Ave #3000**  
**Miami, FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTOPH, NORBERT</b>	
STREET ADDRESS	<b>2729 SEVILLE BLVD. #6202</b>	<b>1311 Pepper Tree Place</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	<b>Rockledge, FL 32955</b>
12. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTOPH, GISELA</b>	
STREET ADDRESS	<b>2729 SEVILLE BLVD. #6202</b>	<b>1311 Pepper Tree Place</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	<b>Rockledge, FL 32955</b>
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Norbert Christoph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1-97*

Date

Daytime Phone #

CR2E034 (9/96)