

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000100475 (8)**

1. Corporation Name

**KRISTI'S ON THE OCEAN, INC.**



Principal Place of Business

**2400 S OCEAN DR  
FT PIERCE FL 34950**

Mailing Address

**2400 S OCEAN DR  
FT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

**34949**

30

4. FEI Number

**65-0726199**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**GARDNER, ARDEN D  
2400 S OCEAN DR  
FT PIERCE FL 34949**

10. Name and Address of New Registered Agent

81

Name

**KAMPICHLER GERHARD F.**

82

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

**2400 S. OCEAN DRIVE**

83

84

City

**FT. PIERCE**

**FL**

85

Zip Code

**34949**

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

(Print name of registered agent and title if applicable)

**GERHARD KAMPICHLER, PRESIDENT**

**4-25-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DS  
GARDNER, ARDEN D  
2400 S OCEAN DR  
FT PIERCE FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PS  
KAMPICHLER GERHARD F.  
2400 S OCEAN DRIVE  
FT. PIERCE FL. 34949**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**V  
GARDNER ARDEN D  
2400 S OCEAN DRIVE  
FT. PIERCE, FL. 34949**

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**T  
WEHR-KAMPICHLER ERIKA  
2400 S. OCEAN DRIVE  
FT. PIERCE, FL. 34949**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 a 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:

**GERHARD KAMPICHLER 4-25-98/ 561-465-4200**

CR2E034 (10/97)