

5121M

03-05-2001 90360 034 \*\*\*150.00

**A DIFFERENT DIRECTION, INC.**

3694 ST. JOHNS AVENUE  
SUITE 3  
JACKSONVILLE FL 32205

8 1 6 4 6 7

Suite, Apt. #, etc.

Not Applicable
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**\$8.75** Additional  
Fee Required

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**\$5.00** May Be  
Added to Fees

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

081

Daytime Phone #

CR2E034 (10/00)