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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000046853 (5)

1. Corporation Name
D. J. OF SOUTHWEST FLORIDA, INC.
Capriccio, Inc.

Principal Place of Business	Mailing Address
~~4600 SUMMERLIN ROAD, UNIT C12~~ ~~FORT MYERS, FL 33919~~	4600 SUMMERLIN ROAD, UNIT C12 FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2344 Pine Ridge Rd.	26 2344 Pine Ridge Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL 33942-2006	City & State 28 Naples, FL 33942-2006
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 65-0500766 ☐ 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	10. Name and Address of New Registered Agent
~~SLAVATORE, DOMENICO P~~ ~~4600 SUMMERLIN ROAD, UNIT C12~~ ~~FORT MYERS FL 33919~~	81 Name: Joe Conigliaro 82 Street Address (P.O. Box Number is Not Acceptable): 506 S.E. 26th Terrace 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joe Conigliaro
Signature of new registered agent (and new agent's address) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SALVATORE, DOMENICO P	12 NAME	
STREET ADDRESS	4600 SUMMERLIN ROAD, UNIT C12	13 STREET ADDRESS	Delete
CITY ST ZIP	FORT MYERS FL 33919	14 CITY ST ZIP	
TITLE	D	21 TITLE	D, Pres ☒ Change ☐ Addition
NAME	CONIGLIARO, JOE P	22 NAME	Joe Conigliaro
STREET ADDRESS	~~4600 SUMMERLIN ROAD, UNIT C12~~	23 STREET ADDRESS	506 S.E.
CITY ST ZIP	~~FORT MYERS FL 33919~~	24 CITY ST ZIP	Cape Coral, FL 33904
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Joe Conigliaro 7/10/95 941/263-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)
Joe Conigliaro

0323560 CR