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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000053861 (7)

1. Corporation Name  
DIFFERENT STROKES OF S.W. FLA., INC.



Principal Place of Business  
150 HUNTINGTON DRIVE.. UNIT B-305  
NAPLES FL 34109

Mailing Address  
150 HUNTINGTON DRIVE.. UNIT B-305  
NAPLES FL 34109-1804

3. Date Incorporated or Qualified  
07/07/1995  
3a. Date of Last Report  
10/29/1996

2. Principal Place of Business  
21 9450 VICTORIA LANE

2a. Mailing Address  
26 9450 VICTORIA LANE

4. FEI Number  
65-0591531  
Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 UNIT B-305

Suite, Apt. #, etc.  
27 UNIT B-305

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

City & State  
23 NAPLES, FLORIDA

City & State  
28 NAPLES, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 34109

Country  
25 USA

Zip  
29 34109

Country  
30 USA

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

ALIAS, AV  
150 HUNTINGTON DRIVE  
UNIT B-305  
NAPLES FL 34109

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
9450 VICTORIA LANE  
83 UNIT B-305  
84 City  
NAPLES FL 85 Zip Code  
34109

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALIAS, AV	
STREET ADDRESS	<del>150 HUNTINGTON DRIVE, UNIT B-305</del>	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEDEZMA, ADONAY	
STREET ADDRESS	<del>150 HUNTINGTON DRIVE, UNIT B-305</del>	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MJANGOS, RUDY	
STREET ADDRESS	<del>150 HUNTINGTON DRIVE, UNIT B-305</del>	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TID
3.3 STREET ADDRESS	BOCANEGRA, ADAN
3.4 CITY - ST - ZIP	9450 VICTORIA LANE UNIT B-305 NAPLES, FLORIDA 34109
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: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)