

FILE NOW: FILING FEE AFTER MAY 1 IS \$800.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra G. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053861 (7)

1. Corporation Name

Different Strokes of S.W. Fla., Inc.

Principal Place of Business

Mailing Address

9650 Victoria Lane Unit B-305
Naples, Florida 34109

3. Date Incorporated or Qualified
07/07/95

3a. Date of Last Report
05/01/97

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number
65-0591531

Applied
Not Applied

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

6. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Avi Alias
9650 Victoria Lane Unit #1
Naples, Florida 34109

81 Name

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

83

84 City

FL

85

Zip Code

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 of registered agent or current registered agent and title if applicable)

(If not, the signature of the person who is authorized to accept the appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

TITLE VP
NAME Ledezma, Adonay
STREET ADDRESS 9650 Victoria Lane Unit B-305
CITY-ST-ZIP Naples, Florida 34109

TITLE VP
NAME Bocanegra, Eddy
STREET ADDRESS 9650 Victoria Lane Unit B-305
CITY-ST-ZIP Naples, Florida 34109

TITLE President
NAME Alias, Avi
STREET ADDRESS 9650 Victoria Lane Unit B-305
CITY-ST-ZIP Naples, FL 34109

TITLE
NAME
STREET ADDRESS 100002310461--4
CITY-ST-ZIP -10/02/97--01103--015
*****61.25 *****61.25

TITLE
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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 the authority 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

DATE

AVI ALIAS

9/17/97

941-643-1135

97 OCT -1 AM 8:00

SECRETARY OF STATE

