

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

FILED  
Jun 04 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 # **V50018** (3)  
1. Corporation Name  
**DISTINCTIVE LIFESTYLES OF SOUTHWEST FLORIDA, INC**



Principal Place of Business	Mailing Address
<b>6211 COCOS DR FT MYERS FL 33908 US</b>	<b>16520 SO TAMiami TR STE 18 FT MYERS FL 33908 US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6211 COCOS DR.</b>		26 <b>6211 COCOS DR.</b>		07/07/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0352445	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>FT. MYERS FL</b>		28 <b>FT. MYERS FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33908</b> 25 <b>US</b>		29 <b>33908</b> 30 <b>US</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GADIGIAN, NADA 6211 COCOS DR FT MYERS FL 33908</b>		81 Name <b>GERARD GADIGIAN</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>6211 COCOS DR.</b>	
		83	
		84 City <b>FT. MYERS</b> FL 85 Zip Code <b>33908</b>	

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 *Gerard Gadigian* **GERARD GADIGIAN** 5-26-98  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADIGIAN, NADA</b>	1.2 NAME	<b>GADIGIAN GERARD</b>
STREET ADDRESS	<b>6211 COCOS DR</b>	1.3 STREET ADDRESS	<b>6211 COCOS DR.</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADIGIAN, GERARD</b>	2.2 NAME	<b>GADIGIAN NADA</b>
STREET ADDRESS	<b>6211 COCOS DR.</b>	2.3 STREET ADDRESS	<b>6211 COCOS DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Gerard Gadigian* **GERARD GADIGIAN** 5-26-98 211.533.3522

CR2E034 (10/97)