FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

141

DUCUN 1. Corporation	VIENT# J9028 7	(4)			
. ,	STEP FOR EARLY LEARN	NING. INC.			
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Filtration of Filtration	-CD:	A A Trans A A A A A A A A A A A A A A A A A A A			
Principal Place		Mailing Address			
8405 N 40TH ST TAMPA FL 33604		8405 N 40TH ST TAMPA FL 33604			
US		US		3. Date Incorporated or Qualified 3a. U	Date of Last Report
				10/01/1987	03/03/1995
2. Principal Pla		2a. Mailing Address	12 Ata	4. FEI Number	Applied For
	N.40th St	26 8405 N.	10 24	59-2848629	Not Applicable
Suite, Apt. # [22]	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tar	1 YV	28 Tampa	Fla	Trust Fund Contribution	Added to Fees
Zip 2.2(a)	Country	20 2) w)	Country	8. This corporation has liability for intangible Florida Statutes Yes No.	
24 500	9. Name and Address of Currel	[29] <u>33(00</u> 시 nt Registered Agent	30	Florida Statutes Yes No. 10. Name and Address of New Register	
			81 Name		
FERNANDEZ, OSEANNA 82 Street Address (P.O. Box Number is Not Acceptable)					
8405 N. 40TH STREET					
TAMPA F	L 33604		83		
			84 City		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					
or registere familiar wit	ed agent, or both, in the State of Flor n_and accept the obligations of, Sec	ida. Such change was authorized tion 607.050 \$) Florida Statutes.	by the corporation's boar	d of directors. I hereby accept the appointmen	t as registered agent. I am
SIGNATURE _	Weanna Fer	nande		1-18-4Le	
12.	Signature, typed or printed name of registered agen OFFICERS AN	Fand title it applicable (NOTE	Registered Agent signature required 13.	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
THE	PD	DELETE	1 1 TITLE	ADDITIONS/GHANGES TO OFFICERS A	Change Addition
NAME	FERNANDEZ, OSEANNA M.		1.2 NAME		
STREET ADDRESS	8405 N. 40TH ST		1.3 STREET ADDRESS		
CHY-SI-7:P	TAMPA FL	E3 porte	1.4 CITY-\$T-ZIP		
TITLE NAME		☐ DELETE	2 1 TITLE 2.2 NAME		Change
STREE! ACIDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
THEF		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STHEET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 City - ST - ZiP 4 1 Title		Change Addition
NAME			4.2 NAME		C thank C to the control
STREET ADORESS			4.3 STREET ADDRESS		•
CITY-ST ZIF			4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME COOKE ADDRESS			5 2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAM:		_	62 NAME		_ · · · -
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST-ZIP		The Allie Black in the Control of the	6 4 CITY-ST-ZIP		
14. 100 hereb	y ceruty that the information supplied	with this filing is voluntarily furnis	ined and does not qualify t	or the exemption stated in Section 119.07(3)(k)	, Florida Statutes. I further

mual report is true and accurate and that my signature shall have the same legal effect as if made under be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual report or supplemental annual cath; that I am an officer or director of the corporation or the receiver or trustee an appears in Block 12 or Block 13 if changed, or on an attachment with an andress

SIGNATURE: