

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004220 (0)
 1. Corporation Name
FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT



Principal Place of Business 24 N.E. 1st Street Ocala, FL 34470	Mailing Address 24 N.E. 1st Street Ocala, FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 08/14/1996
4. FEI Number 59-3204052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent
RICH, MARY S
24 NE 1ST STREET
OCALA FL 32778 (Correct zip code is 34470)

10. Name and Address of New Registered Agent
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, MARY S	1.2 NAME	Frank Burns
STREET ADDRESS	24 NE 1ST STREET	1.3 STREET ADDRESS	819 Palm Ave.
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTSON, NEIL	2.2 NAME	Stacy Dickson
STREET ADDRESS	105 S ROCKINGHAM AVE	2.3 STREET ADDRESS	P.O. Box 1388
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Ocala, FL 34478 N/A
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, WENDY K	3.2 NAME	Tricia Jenkins
STREET ADDRESS	24 NE 1ST STREET	3.3 STREET ADDRESS	204 N.W. 3rd Ave.
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34475
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Resnick	4.2 NAME	Leslie Johnson
STREET ADDRESS	24 NE 1ST STREET	4.3 STREET ADDRESS	P.O. Box 490842
CITY-ST-ZIP	OCALA FL 32778	4.4 CITY-ST-ZIP	Leesburg, FL 34749 N/A
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T. Johnson, Director	5.2 NAME	James Yant
STREET ADDRESS	Howard "Skip" Babb Jr. (Addition, not enough space)	5.3 STREET ADDRESS	P.O. Box 5679
CITY-ST-ZIP	Tavares, FL 32778 N/A	5.4 CITY-ST-ZIP	Springhill, FL 34611 N/A
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENAHAN, CAROL	6.2 NAME	Deborah Kolody
STREET ADDRESS	323 N SINCLAIR AVE	6.3 STREET ADDRESS	734 N. Third St. Suite 512
CITY-ST-ZIP	TAVARES FL 32778	6.4 CITY-ST-ZIP	Leesburg, FL 34748-4457

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *MARY S. RICH* 8-19-97 (352) 323-1215

CR2E037 (4/97)