

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000000801 (9)**

1. Corporation Name

**TAKE ONE STEP, I'LL TAKE TWO, INCORPORATED**



Principal Place of Business	Mailing Address
3600 SOUTH S.R. 7 SUITE 236 MIRAMAR FL 33023	3600 SOUTH S.R. 7 SUITE 236 MIRAMAR FL 33023

3. Date Incorporated or Qualified <b>02/17/1995</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0579679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>5010 S. W. 19th Street</b>	26 <b>5010 S. W. 19th Street</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>W. Hollywood, FL</b>	28 <b>W. Hollywood, FL</b>
24 <b>33023</b>	29 <b>33023</b>
25 <b>USA</b>	30 <b>USA</b>

**9. Name and Address of Current Registered Agent**

**SEARS, BRENDA**  
**540 N.W. 4TH AVENUE**  
**SUITE 906**  
**FORT LAUDERDALE FL 33311**

**10. Name and Address of New Registered Agent**

81 Name <b>SEARS, BRENDA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5010 S. W. 19th Street</b>
83
84 City <b>W. Hollywood, FL</b>
85 Zip Code <b>33023</b>

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: *Brenda Sears* (NOTE: Registered Agent signature required when reinstating) DATE: **3-11-96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEHU, SOLANGE</b>
STREET ADDRESS	<b>2051 N. 57TH TERRACE</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILKES, SARAH</b>
STREET ADDRESS	<b>635 N.W. 10TH TERRACE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEHU, SOLANGE</b>
STREET ADDRESS	<b>2051 N. 57TH TERRACE</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, MARY</b>
STREET ADDRESS	<b>1409 N.W. 3RD ST.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DIVERT, NATASHA</b>
STREET ADDRESS	<b>901 N. 46TH AVE.</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brenda Sears* (954) DATE: **3-11-96** DAYTIME PHONE #: **765-6308**

CR2E037 (12/95)