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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457142

(8)

FOOTSTEPS BY H. & H., INC.

FILED										
Feb 06 1997 8:00am										
Secretary of State										



Principal Place of Business 1173B HOMESTEAD RD. LEHIGH ACRES FL 33972 US 2. Principal Place of Business 21 Suite Apt. #, etc. 22		Mailing Address 11738 HOMESTEAD RD. LEHIGH ACRES FL 33936-6040 US 2e. Mailing Address 26 Suite, Apt. #, etc.			07/18/1974 04/11/19 4. FEI Number 59-1540919 5. Certificate of Status Desired				of Last Report	
City & State	C	City & State			Election Campaign Trust Fund Contribu	_	П		May Be	
Z (p	Country	Zip	Co	untry	,	This corporation has	·····			
24	25	29	30			Florida Statutes		Yes .	No	
	9. Name and Address of Curre	nt Registered Agent		4		10. Name and Address	of New Reg	gistered .	Agent	
	Stetler, William F.			81	Name					
	LAKE AVENUE N			82	Street Ac	idress (P.O. Box Number is N	lot Acceptab	le)		
LEHI	IGH ACRES FL 33970			L						
				83						
				84	City		-		85 Zip	Code
				1				_ FL		
SIGNATURE 12. TITLE	Signal ze hjest o ponted name of registered at OFFICERS AF PDST HOSTETLER, WILLIAM F.	peri and title if applicable. ND DIRECTORS	13 ETE 1,1	TITLE	eni signalure re	quired when reinstating) ADDITIONS/CHANG	ES TO OFFIC	DATE CERS AND	DIRECTO	
NAME STREET ADDRESS	304 LAKE AVE., N. LEHIGH ACRES FL		1.33		ADDRESS					
CITY - S1 - ZIP	V V	☐ DEL		CITY-S	ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS	HOSTETLER, LESTER MAE 304 LAKE AVE. N.		221	title Name Street	r address		F		Unange	Addition
CITY+ST-7IP	LEHIGH ACRES FL				ST-ZIP					
TITLE		DEL		TITLE	O1-EM	······································			Change	Addition
NAME				NAME		•				
STREET ADDRESS			1		F ADDRESS	1				
CITY-ST-ZIP					ST-ZIP					
TITLE		DEL		TITLE	5, 411				Change	☐ Addition
NAME				NAME		•				
STREET ADDRESS	1				T ADDRESS					
CITY ST ZIP					ST-ZIP					
TITLE		DEL		TITLE					Change	Addition
NAME		_		NAME					_ "	_
STREET ADDRESS	1		l l		T ADDRESS					
					SI-ZIP					
CITY-ST-ZIP TITLE		□ D£L		TITLE	31 - LIF			•	Change	Addition
				NAME					onunge	LL Pagnior
NAME CENECE ADDRESS										
STREET ADDRESS	}				ADDRESS					
City-St-ZiP	I		6.4	CITY-:	ST-ZIP					

14. Ido 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 or an authority with an address.

SIGNATURE

EK /-

1-29-97 (94) 369-289