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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

DOCUMENT # G17458

STEPPING STONE FARM, INC.

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				المأليسين والمراجع				IBU BURU BURU BURU IBBI		
Principal Place of Business Mailing Address					ות ונסום ונפנת נומר ופוזם יספנס גופטר ונפון ומחם וננוצטר (1914 B1914 B1911 B1911 1031				
1313 PONCE DE LEON BLVD. SUITE 301			1313 PONCE DE LEON BLVD. SUITE 301							
CORAL GABLE	S FL 33134		ORAL GABLES FL 331	34			DO NOT WRITE IN THIS SE	ACE		
US		i	IS				3. Date Incorporated or Qualified			
					_		01/03/1983			
Principal Pla	ice of Business	2a.	Mailing Address				4. FEI Number	Applied For		
:1		26					59-2255650	Not Applicable		
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.	11			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be		
3		28		. (1			Trust Fund Contribution	Added to Fees		
Zip	Country		Zip	Co	untry		8. This corporation owes or has paid the curre	nt year Intangible		
4	25	29		30			Personal Property Tax due June 30.	Yes ☐ No		
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Ac	ent		
SEVI	N, NORMAN M.			-	81	Name				
1313 PONCE DE LEON BLVD.				82	Chrost Addres	et Address (P.O. Box Number is Not Acceptable)				
SUITE 301		82	Street Wagte		en e					
					83					
CORAL GABLES FL 33134			1-1		The second of th					
				. 1	84	City	, FL	85 Zip Code		
11. Pursuant to	the provisions of Sections 607.05	02 and 6	07.1508. Florida Statu	tes, the a	bave	e-named corpo	pration submits this statement for the purpose of c	hanging its registered		

1. 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				:_	<u> </u>	<u> </u>		() eq () () () () ()
	Signature, typed or printed name of registered agent and title if applicab	ile. (NOTE: F	legistered Agent signature		24.7 - 27.74 - 17.44 - 3			
12.	OFFICERS AND DIRECTORS		13.	A[DDITIONS/CHANGES TO	OFFICERS A		
TITLE	PD	DELÉTE	1,1 TITLE	Ĭ			Change اے کے	Addition
NAME [GHEN, MARSHALL-M-		1.2 NAME	CHERN,	MARSHALL M.			Į
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301		1.3 STREET ADDRESS	ĺ				[
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		<u></u>	المن تسميرونت	يودو بيديكورنيوس ا	
TITLE	\$T	DELETE	2.1 TITLE				Change	Addition
NAME	SEVIN, NORMAN M		2.2 NAME					
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301		2.3 STREET ADDRESS	ļ]
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP				L	
TITLE	V	DELETE	3.1 TITLE			* * * * * * * * * * * * * * * * * * * *	Change	Addition
NAME	KATZ, HERBERT	į	3.2 NAME	1				ļ
STREET ADDRESS	9839 S.W. 118TH AVENUE		3.3 STREET ADDRESS]				İ
CITY-ST-ZIP	MIAMI FL 33186		3.4. <u>CITY-ST-ZIP</u>	 	<u>میں میں مرحد میں</u>		1 <u></u>	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
MILE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					}
STREET ADDRESS			4.3 STREET ADDRESS)				
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u>ئۇغ</u>		1 <u>1841 berling</u>	WEST !
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					ì
STREET ADDRESS			5.3 STREET ADDRESS					1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			<u> </u>	أقنائنا ليشيعون يبدل	1
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME	1				ł
STREET ADDRESS		i	6.3 STREET ADDRESS					
CITY-ST-ZIP			6,4 C(TY-ST-ZIP			are en	r Shill Waster	200 354 22

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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 1998

(365) 443 · 3343 Daytime Phone # 0191181