FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996 4-30-96 P-4925

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

DOCUMENT # G76193 (3)

1. Corporation Name

KENNETH S. STEPP, P.A., P.S.C.

Principal Place of Business

305 N APOPKA AVE
INVERNESS FL 34450
US

Mailing Address

STEPP, KENNETH, S.,P.A.
305 N APOPKA AVE
INVERNESS FL 34450
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: **01/01/1984**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2361458**
Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Electronic Filing Requested [ ] **$5.00** May Be Added to Fees

8. This corporation has filed for inactive status under Section 607.1602 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STEPP, KENNETH S.
305 N APOPKA AVE
INVERNESS FL 34450

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 607.0505 and 607.1505, 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
Signature of New or Former Registered Agent (if applicable) — New Registered Agent's Signature (if applicable) — DATE

12. OFFICERS AND DIRECTORS

TITLE	**PSTD**	[ ] DELETE
NAME	**STEPP, KENNETH**	
STREET ADDRESS	**100 N. EDINBURGH DR.**	
CITY-ST-ZIP	**INVERNESS, FL 00000**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	[ ] Change [ ] Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately furnished and complete to the best of my knowledge and belief. I further certify that the information indicated on this report or supplemental requirements to this report is true and accurate and that I am aware that false information submitted to a filing officer may be punishable by fine or imprisonment or both as provided in Section 817.155, Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent of the corporation upon whom service of process may be served. If the corporation is a business corporation, I have been designated as such by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is the person designated with an address.

SIGNATURE: Kenneth S. Stepp — 4/25/96 — (352)344-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)