

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90007 027 ***150.00

DOCUMENT # H28284

1. Corporation Name
STEPET, INC.

Principal Place of Business
**2616 S ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118
US**

Mailing Address
**2616 S ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1984

4. FEI Number

59-2471578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **39 Boardwalk Ave**

26 **44 Ocean Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Daytona Beach, FL**

City & State

28 **Daytona Beach, FL**

Zip

24 **32118**

Country

25 **Volusia**

Zip

29 **32118**

Country

30 **Volusia**

9. Name and Address of Current Registered Agent

**PETRAS, STEVE
2616 S. ATLANTIC AVE.
DAYTONA BCH SHORES FL 32118**

10. Name and Address of New Registered Agent

81 Name

Steve Petras

82 Street Address (P.O. Box Number is Not Acceptable)

44 OCEAN AVE

83

Daytona Beach FL

84 City

FL

85 Zip Code

32118

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **LAURICELLA, ELIZABETH**
STREET ADDRESS **2616 S. ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **VP** ☐ DELETE
NAME **HASKAS, MARIA**
STREET ADDRESS **2616 S ATLANTIC AVE.**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **P** ☐ DELETE
NAME **PETRAS, STEVE**
STREET ADDRESS **2616 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

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 IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Elizabeth Lauricella **LAURICELLA, Elizabeth**

3/5/99
Date

904 322-8829
Daytime Phone #

CR2E034 (11/98)