SECOND NOTICE: CORPURATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 01 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # J41686 (3)A STEP AHEAD TOURS, INC. Principal Place of Business Mailing Address 3665 E BAY DR 3665 EAST BAY DR STE-200 SUITE-200 DO NOT WRITE IN THIS SPACE LARGO FL-94641 LARGO-FL-34641 3. Date Incorporated or Qualified 3a. Date of Last Report US_ 11/12/1986 4. FEI Number .06/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 3351<u>3</u> Not Applicable 59-2907210 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Sity & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECK, MARY ANN 125 GEORGE ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE: Bog stored Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change ____ Addition TITLE D 1.1 TILLE NAME BECK, MARY ANN 1.2 NAM 125 GEORGE ST. 1.3 STREET ADDRESS STREET ADDRESS TARPON SPGS. FL CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Change Addition 2.1 10116 TITLE NAME BECK, JAMES L 2.2 NAME 125 GEORGE ST STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIF DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$T - ZIP 3.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.17018 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP

14. I do 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.