

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J55095 (0)**

1. Corporation Name
STEP N STYLE INC.

Principal Place of Business
**321-B HAVENDALE BLVD.
AUBURNDALE FL 33823-4513**

Mailing Address
**321-B HAVENDALE BLVD.
AUBURNDALE FL 33823-4513**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/02/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number: **59-2777972** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **321 Havendale B** 26 Suite, Apt. #, etc.
22 City & State **Auburndale FL** 27 City & State **Same**
23 **33823** 24 Zip 25 **Polk** 29 Country 30 Country

9. Name and Address of Current Registered Agent
**RUSKAVICH, VICTOR J.
2215 CITRUS BLVD.
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 *Frances S. Ruskavich* **Frances S. Ruskavich** **April 25, 95** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD RUSKAVICH, VICTOR J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1820 LAKE POINT DR	1.2 NAME	
STREET ADDRESS	BARTON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD RUSKAVICH, FRANCES S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1820 LAKE POINT DR	2.2 NAME	
STREET ADDRESS	BARTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Frances S. Ruskavich* **Frances S. Ruskavich** **April 25** **813 967 4670** DATE