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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L71405

(9)

Mailing Address

STEPP'S GLASS SERVICES, INC.

FILED										
Αp	or 29	1997	8:00am							
, k	Secre	tary o	f State							



STEPP. DAVID R 235 W BRANDON BLVD / STE - 248 BRANDON FL 33511 US		BRANDON FL 33511-510	STEPP. DAVID R 235 W BRANDON BLVD / STE - 248 BRANDON FL 33511-5103 US		Date Incorporated or Qualified	3a. Da	te of Last I	Report	ì		
•						05/04/1990		07/1996	•		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	İ	
21		26	26			59-3005126	Not Applicable				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additi				İ	
22		27	↓			C. Commodia of Otolog Booked		Fee F	Pequired		
City & State		<u></u> ⊢¬ '	City & State			6. Election Campaign Financing \$5.00 May Be					
Zip	Country	28				Trust Fund Contribution Added to Fees				ł	
24	25	29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
24	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
STE	PP, DAVID R			91	Name					İ	
	W. BRANDON BLVD.,	SUITE #248		82	Stroat Addro	t Address (P.O. Box Number is Not Acceptable)				ł	
	NDON FL 33511			2	Sileet Addie	ss (1.0. box horner is not Acceptab	10)				
0,15			[8	83						İ	
			1	84	City			85 Zip	Code		
44 5							FL				
office or re	agistered agent, or both, it	ns 607.0502 and 607.1508, Florida Stati n the State of Florida. Such change was	s authorized.	hv	the corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose of of the appo	changing sintment a	its registered is registered		
agent. I ai	m familiar with, and accep	t the obligations of, Section 607.0505, f	Florida Statu	tes.						İ	
SIGNATURE	Signature, typed or printed name of	registered agent and little if applicable (NO	OTC Registered	Agen	nt signature required	d when reinstaling)	DATE			İ	
12.	OFF	ICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	IFIS IN 12	ý	
TITLE	Ρ	DELETE	11 TH	F	,			☐ Change	Addition	Š	
NAME	STEPP, DAVID R.			ΛE	ļ	į į				3	
STREET ADDRESS				1.3 STREFT ADDRESS						ů	
CITY-ST-ZIP	BRANDON FL 14			Y-ST	- ZIP					S	
TITLE		☐ D£LE1E	21 1111	.E				L Change	Addition	۲	
NAME	22			ΛE					1	ĺ	
STREET ADDRESS	ESS 1			EET A	ADDRESS						
CITY-ST-ZIP	The state of the s				T-ZIP			T 0	T Address		
TITLE	[_] DELETE 3.11							∐ Change	Addition	ĺ	
NAME			3.2 NAN								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE	3.4. CH 4.1 TITU		1 · 74P			Change	Addition	1	
NAME			4. 2 NA					Onlings	La roomen		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.4 CIT								
TITLE		DELETE	5.1 TITL					☐ Change	Addition	1	
NAME			5.2 NAN								
STREET ADDRESS	•		5.3 STR	iéeT /	ADDRESS						
CITY-ST-ZIP			5.4 CIT ⁴	Y - \$1	I - ZIP				,		
TITLE		DELETE	6.1 TITE	LF				☐ Change	Addition]	
NAME			6.2 NAM	ME							
STREET ADDRESS			6.3 STR	REFT A	ADDRESS						
CITY-ST-ZIP			6.4 CIT	Y-\$1	r - 2(P		*****		 		

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 of 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 of the process. In Block 12 or Block 13 if changed, or or an Alachmont with an address.