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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35788 (1)

1. Corporation Name

STEP I, INC.



Principal Place of Business
**8930 S. U.S. #1
PORT ST. LUCIE FL 34952**

Mailing Address
**8930 S. U.S. #1
PORT ST. LUCIE FL 34952-3403**

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0191963** Applied For ☐ Not Applicable ☒

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORSINI, DANTE
8930 S. U.S. ONE
PORT ST. LUCIE FL 34952**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD ORSINI, DANTE' C.**
STREET ADDRESS **8930 S US #1**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE ☒ DELETE
NAME **D TIPPETT, BARRY**
STREET ADDRESS **2462 SE VICTORY AVE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D PATRICIA ORSINI**
2.3 STREET ADDRESS **8930 S. US #1**
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL**

TITLE ☒ DELETE
NAME **D TIPPETT, CHRISTINE**
STREET ADDRESS **22345 AUGUSTA AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D RENEE DE RIENZO**
3.3 STREET ADDRESS **432 PRADO AVE.**
3.4 CITY-ST-ZIP **PORT ST. LUCIE, FL.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dante Orsini**

3/17/97

561-337-1537

CR2E037 (9/96)