

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N35788 (1)  
1. Corporation Name  
STEP I, INC.



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

3. Date Incorporated or Qualified  
12/26/1989

4. FEI Number 65-0191963  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
PD	ORSINI, DANTE' C.	1.2 NAME	
8930 S US #1		1.3 STREET ADDRESS	
PORT ST. LUCIE FL		1.4 CITY - ST - ZIP	
D	ORSINI, PATRICIA	2.1 TITLE	Change Addition
8930 S US, #1		2.2 NAME	
PORT ST LUCIE FL		2.3 STREET ADDRESS	
D	DE RIENZO, RENEE	2.4 CITY - ST - ZIP	
432 PRADO AVE		3.1 TITLE	Change Addition
PORT ST LUCIE FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: [Signature] 1/30/98 561-337-1537

CR2E037 (10/97)