FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51296 (4)

1. Corporation Name
STEP AHEAD, INC.

Principal Place of Business	Mailing Address
7752-54 66TH ST. N. PINELLAS PARK FL 34665 US	7752-54 66TH ST. N. PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3146156 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONINE, NANCY
STEP AHEAD, INC.
7752-54 66TH ST. N.
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 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 Nancy Conine 3/29/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PRICHARD, STEVE	1.2 NAME	
STREET ADDRESS	1269 WOODLAWN TERRACE	1.3 STREET ADDRESS	2338 Demaret
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	Dunedin FL 34698
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	DIXON, KATHERINE	2.2 NAME	
STREET ADDRESS	7931 67TH STREET N	2.3 STREET ADDRESS	8431 Bayou Boardwalk, #406
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	Largo FL 34647
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FURNAS, THERESA	3.2 NAME	
STREET ADDRESS	6064 6TH AVE. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BEAMAN, ANN	4.2 NAME	Larry Hankin
STREET ADDRESS	4349 43RD ST., S.	4.3 STREET ADDRESS	1115 Druid Rd., Bldg 13, Apt 2
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4.4 CITY-ST-ZIP	Clearwater FL 34616
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROMARTIE, DINA	5.2 NAME	
STREET ADDRESS	543 LEXINGTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	LOFLIN, KATHY	6.2 NAME	
STREET ADDRESS	1249 WOODLAWN TERR.	6.3 STREET ADDRESS	2338 Demaret
CITY-ST-ZIP	CLEARWATER FL 34615	6.4 CITY-ST-ZIP	Dunedin Fl 34698

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 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: Theresa K Furnas 2/3/95 813 341-3349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COR7A01