SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N92000000254 (4)

1. Corporation Name

PASOS ADELANTE, INC.

Principal Place of Business	Mailing Address
2150 STATE ROAD 559 WAHNETA FL 33880	2150 STATE ROAD 559 WAHNETA FL 33880

3. Date Incorporated or Qualified: 11/12/1992
4. FEI Number: 59-3156705 [ ] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. **Name and Address of Current Registered Agent**

SCHWENDINGER, PAULA SISTER
2150 STATE ROAD 559
WAHNETA FL 33880

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 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

TITLE	PD	[X] DELETE
NAME	HENRY, NORMAN	
STREET ADDRESS	2216 JOHN ARTHUR WAY	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	[ ] DELETE
NAME	BISHOP, CHARLES	
STREET ADDRESS	1502 BYUCKEYE RD. NE #2	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	[ ] DELETE
NAME	VILLARREAL, PAULA	
STREET ADDRESS	104 RIFLE RANGE RD.	
CITY-ST-ZIP	WAHNETA FL 33880	
TITLE	TD	[ ] DELETE
NAME	MARTINEY, JOHN	
STREET ADDRESS	4203 THOMASWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	[ ] DELETE
NAME	SCHWENDINGER, PAULA SISTER	
STREET ADDRESS	2150 STATE ROAD 559	
CITY-ST-ZIP	WAHNETA FL 33880	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
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 attachment with an address.

SIGNATURE: TD [signature] JOHN G. MARTINEY 7/14/98 9/28/98 941-678-9326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)