## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mårtham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600001218 (4)

## FILED Sep 17 1997 8:00am Secretary of State

FORW	ARD STEPS, INC.		
1 011117			D HOUSINGS DER JOHEN DINGS BOUGH BOUGH BOSHE BOSHE BOSHE HEAD THROU STORE (FIRE IRRE)
Principal Plac	e of Business Mailing Address		n contras ena narra arritt datrit danst annin datrit datrit datrit datrit datrit datrit datrit datrit datrit d
255 S PLETCH	ER 25 <del>6 G FLETCHER</del> EACH FL 32034 FER <del>NANDINA B</del> EACH FL 320	34	
			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report
			03/04/1996
	Place of Business 2a. Mailing Address	101	4. FEI Number 338/636 Applied For Not Applicable
21 3820 Suite, Apt.	0 ZiON RA 28 3 8 20 Zi	on ra	<b>CD 76</b> Additional 1
22	27		5. Certificate of Status Desired Fee Required
City & Stat	e City-& State	41 <b>~</b> -1	Election Campaign Financing \$5.00 May Ete
	sonville, 1/28 Jacksonv		Trust Fund Contribution Added to Fees
Zip 24 322.0	25 Suval 20 32207	Country	8. This corporation owes or has paid the current year Intangible
24 3220	37   25   Suva   29   3 2207   :	30 Nuva 1	Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
81 Name O			
PEEK, DAVID N  1994 Street Address (P.O. Box Number is Not Acceptable)			
	<del>/erplace</del> Blvd		20 Ziew Rd.
SUITE-1609			
JACKSONVILLE FL 82207 84 City . 1/ - 185 Zip (			Sec & Service FL 85 Zip Code 3220 7
	<u> </u>	"2	
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 Kahert A. Luther - Director Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OPENSOR  The Control of the cont			
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Secolory - Director Change MAddition
NAME	LUTHER, ROBERT A	1.2 NAME	Sherrie Hamilton
STREET ADDRESS	255 S FLETCHER	1,3 STREET ADDRESS	2007 Faster Dr.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Jacksonville Bdr. Fl. 32250
TITLE	D DELETE	2.1 TITLE	Truste
NAME	CUSHMAN, DAVID	2.2 NAME	Al Bahari stst.
STREET ADDRESS	2700 MIZELL AVE #302		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2. 4 CITY-ST-ZIP	Jacksonville, Fl. 32208
TITLE NAME	ROBEY, JOE	3.1 TITLE 3.2 NAME	Trave Change Maddition
STREET ADDRESS	2136 SEA ISLAND CT	3.2 NAME 3.3 STREET ADDRESS	Bert Rose lle 451 - Kathrine Sti
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4. CITY-ST-ZIP	Jacksonville Fl. 32202
TITLE	D DELETE	4.1 TITLE	Trustee Change M Addition
NAME	FRYE, ALLEN	4 2 NAME	Star Restar
STREET ADDRESS	3221 PARK ST	4.3 STREET ADDRESS	134 E. Church St.
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	Jacksonville F1. 32202
TITLE	D DELETE	5.1 TITLE	Citresure ) - Directe Change M Addition
NAME	HARPER, HUGHES M	5.2 NAME	Jan Whitaker
STREET ADDRESS	101 S 17TH ST	5.3 STREET ADDRESS	10735 Alder Rd = 3
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	5.4 CITY-ST-ZIP	Jacksenvalle, 161. 32246
TITLE	President - Director DELETE	6.1 TITLE	Change Addition
NAME	Jimmy Cape		Sherrio Humitton
STREET ADDRESS	930 N. 15" St.	6.3 STREET ADDRESS	2007 Buttern Dr.
CITY-ST-ZIP	Jacksoniville Bch, F/ 32250	6.4 CITY-ST-ZIP	Jackson Peach 1 30 50

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 outh; 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 3 if phanged, or on an attachment with a address.

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M-28-95

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