


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001218					
1. Corporation Name FORWARD STEPS, INC.					
Principal Place of Business 3820 ZION RD JACKSONVILLE FL 32207 US			Mailing Address 3820 ZION RD JACKSONVILLE FL 32207 US		



2. Principal Place of Business 21 Forward Steps Inc Suite, Apt. #, etc. 22 705 N. 2nd St. City & State 23 Jacksonville Beach Zip 24 32250 Country 25 Dural		2a. Mailing Address 26 Forward Steps Inc Suite, Apt. #, etc. 27 705 N. 2nd St City & State 28 Jacksonville Beach Zip 29 32250 Country 30 Dural		3. Date Incorporated or Qualified 03/04/1996	
4. FEI Number 59-3381636		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent LUTHER, ROBERT 3820 ZION RD JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name Robert A. Luther 82 Street Address (P.O. Box Number is Not Acceptable) 3820 Zion Rd. 83 84 City Jacksonville FL 85 Zip Code 32207			
---	--	--	--	---	--	--	--

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: **Robert A. Luther (C.E.O.)** **Robert A. Luther** **7-26-99**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	LUTHER, ROBERT A	1.2 NAME	Sherrie Hamilton
STREET ADDRESS	255 S FLETCHER	1.3 STREET ADDRESS	2007 Eastern Dr
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	T	2.1 TITLE	T
NAME	BAHARI, AL	2.2 NAME	Terri Post
STREET ADDRESS	539 W 61ST ST	2.3 STREET ADDRESS	1713-8 Elk Camino
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	T	3.1 TITLE	Secretary Director
NAME	ROSELLE, BERT	3.2 NAME	Carmella Prescott
STREET ADDRESS	451 KATHRINE ST	3.3 STREET ADDRESS	220 Snowgoose Ln
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	T	4.1 TITLE	T
NAME	GRIN, STAN	4.2 NAME	Pat Brown
STREET ADDRESS	134 E CHURCH ST	4.3 STREET ADDRESS	33 Swimming Pen Creek Dr
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	TD	5.1 TITLE	
NAME	WHITAKER, JOE	5.2 NAME	
STREET ADDRESS	10735 ALDEN RD #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	CAPP, JIMMY	6.2 NAME	
STREET ADDRESS	930 N 1ST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	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, with all other like empowered.

SIGNATURE: **Robert A. Luther** **Robert A. Luther** **7-27-99** **904-399-4877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #