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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90019 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004410

1. Corporation Name
STEP BY STEP ENTERPRISES, INC.

* 2 7 25518 5 - 90019 - 1 2 9 *

Principal Place of Business 210 N.W. 6TH AVE. FT. LAUDERDALE FL 33311-9152	Mailing Address 210 N.W. 6TH AVE. FT. LAUDERDALE FL 33311-9152
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/01/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
GASKINS, W.J. 210 N.W. 6TH AVE. FT. LAUDERDALE FL 33311-9152		81 Name	Leman Scott
		82 Street Address (P.O. Box Number is Not Acceptable)	210 N.W. 6th Avenue
		83 City	FT. LAUDERDALE, FL 33311
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, W.J.	1.2 NAME	GASKINS, W J
STREET ADDRESS	210 N.W. 6TH AVE.	1.3 STREET ADDRESS	17965 NW 7 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL 33311-9152	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169-4343
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	FLEMING, PATRICIA A	2.2 NAME	
STREET ADDRESS	5812 N.W. 16TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ECKFORD, HATTIE R	3.2 NAME	
STREET ADDRESS	2871 N.W. 24TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Scott, Leman
STREET ADDRESS		4.3 STREET ADDRESS	210 NW 6 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ASIGMAN ROBERTO 3/28/99 (954) 525-3782

CR2E037 (1/98)