

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000026807 (5)

1. Corporation Name

SECOND STEP USA, INC.



Principal Place of Business

117 NEPTUNE LANE
HOLMES BEACH FL 34217

Mailing Address

117 NEPTUNE LANE
HOLMES BEACH FL 34217

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

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Zip

Country

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2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0484529

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUBATS, DAVID
117 NEPTUNE LANE
HOLMES BEACH FL 34217

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

Signature of person authorized to sign on behalf of the corporation

Signature of Registered Agent or person authorized to sign on behalf of the agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VIM
DUBATS, DAVID
117 NEPTUNE LANE
HOLMES BEACH FL

☐ DELETE

PDS
DUBATS, BARBARA A
117 NEPTUNE LANE
HOLMES BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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30. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-96

(941)778-7067

CR2E034 (12/95)