## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU L. Corporatio	ME m Nam	NT	#	P	94	00	00	78	32	50	(5)	

## FILED Apr 29 1997 8:00am Secretary of State

STEPPI	N' UP, INC.								
Principa' Plac 4931 SW 95 / MIAMI FL 331		Mailing Address 4931 SW 95 AVE MIAMI FL 33185-6427				יוס מונס להקד מקום ונומו פנו (קקאפון ו	ו נ <b>עקער פינטע</b> זי	ינונק נקקור פווקו	1 <b>23</b> )11 93 <b>3</b> 01
	•					3. Date Incorporated or Qualified 10/25/1994		te of Last R 24/1996	eporl
generally and	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number 65-0535166	1 0.75	Ap	plied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.75	ot Applicable Additional
22		27				5. Certificate of Status Desired		Fee Re	<del></del>
City & Sta	de	Cily & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Cou	niry		8. This corporation has tiability for			. 199.032,
24	25 9. Name and Address of Curren	29	30			Florida Statutes  10. Name and Address of New Re	Yes _		
14.71	SON-HYDE, CYNTHIA	r Dadistolan Walif		81	Name	10. Maille Bild Addiess of New Ne	Biscolog >	April	
	BI SW 95 AVE						<del></del>		
	AMI FL 33165			82	Street A	ddress (P.O. Box Number is Not Acceptal	)le]		ł
				63					
				84	City			<b>85</b> Zip (	Code
					•		<u>FL</u>	1 1	ì
	registerca agent, or both, in the State am fan Jar with, and accept the obliga	of Florida Such change was ations of Section 607.0505, F	authorized lorida Stat	d by utes	the corpo	orporation submits this statement for the paration's board of directors. I hereby acce	ot the appo	ointment as	registered
S:GNATURE	Storato e i tyve dire proted namo of registered age			l Ager	nt signature re	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR  Change	RS JN 12
TITLE NAME	PTD Wilson-Hyde, Cynthia	רין מנרנוג	1.1 Tri 1.2 NA					L_1 Griange	L.J. Audillon
STREET ADDRESS	4004 DM/ OF ASST				ADDRESS				
CITY ST ZIF	MIAMI FL 33165		140						)
Tritt	VSD	DELETE	2.1 11					Change	Addition
NAME	WILSON, JULIA		2.2 NA	ME	1				
STREET ADDRESS			2.3 ST	AEET.	ADDRESS .				
CHTV - ST - 7/P	MIAMI FL 33165		2. 4 C		T- <b>Z</b> IP			T-1	
TITLE		DELETE	3.1 Tri					Change	Addition
NAME			32 N/		1000000				
STEEL LADORESS Chir-S1-7P			3.4. C		ADDRESS				}
HILLE THILE		DELETE	4.1 7(		1 - L11			Change	Addition
NAM:			4. 2 N		1			_ •	
STREET ADDRESS			4.3 S1	REET.	ADDRESS				ļ
CHY: ST. 7.P			4.4 CI	1Y-S1	- ZIP				
Tille		☐ DELETE	5.1 70	TLE				Change	Addition
NAME			52 N/	AME	1				}
STMEET ADORESS			5351	REET.	ADDRESS				ł
C IY - ST - Z/P		Driege	5.4 CI		- ZIP			Change	Addisin-
TILLE		☐ DELETE	6.1 TI					Change	Addition
NAME CONTRACTOR			6.2 N/		ADDOESS				
STREET ADDRESS					ADDRESS				
08Y-81-72 14. Edo here	by certify that the information supplies	d with this filing does not oua	64 CI			ated in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the

. I concretly certify that he information supplied with this tiling does not quality 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 eath; 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:

ATT PLAN VILLAN DESCRIPTION OFFICER OF DIRECTOR 305-274-4-1007 1 122512