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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

19	996	DIVISION OF COF	RPORATIONS		
DOCUMENT # P95000052144 (9) K. STEPP, INC.				E KERNINGS ING KRIKET BING BERNI	BE BIND NESK HELL ONEN BIST (BE)
Principal Place of Business Mailing Address				(120 (130) 110 1310 4111 4811 3811 4811 4811	å! \$1119 11981 11811 \$1811 grav 100.
1021 SOUTHWEST PINE TREE LANE 1021 SOUTHWEST PINE T			ree lane		
PALM CITY FL	. 34990	PALM CITY FL 34990		3. Date Incorporated or Qualified 3a. 0	Date of Last Report
				07/06/1995/5-059.75	<)
2. Principal Plac	ee of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		the state of the s	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible Florida Statutes Yes XNo	
24	25 9. Name and Address of Curre	29 36	<u> </u>	10. Name and Address of New Register	
	9, Marile and Address of Control		81 Name	am Bealy A STEDD	Lunc
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 82 Street Addr				ress (P.O. Box Number is Not Acceptable)	3/11
343 ALMERIA AVENUE				ess (P.O. Box Number is Not Acceptable)	u care
CORAL GABLES FL 33134			63		
İ	•		84 City ()	ola Cila	-L 85 Zip Code 34990
44 Purcuant to	the provisions of Sections 607 050	2 and 607.1508. Florida Statutes, 1	the above-named corpor	the state of the state of the surross of	f abanding its registered office
or registere	id agent, or both, in the State of Flor	ida. Such change was authorized to	by the corporation's boa	ration submits this statement for the purpose or rd of directors. I hereby accept the appointmen	nt as registered agent. I am
SONATURE.	Vinsel	1-stroom	L	1. 4. 96	
٨, \$	Signature Type of the partied name of registered a jet	rand tilc Papplicanio (NOTE)	agatered Agent signs/ure require 13.	ADDITIONS/CHANGES TO OFFICERS	
12.	PTD OFFICERS AN	ND DIRECTORS \(\) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 1 TILLE	ADDITIONS OF INTELLED	Change Addition
NAME	STEPPLING, MICHAEL B		1.2 NAME		
STREET ADDRESS	1021 SOUTHWEST PINE TR	ÆE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CHY-ST-ZIP		
TITLE	S	□ DELETE	2 1 TITLE		Change Addition
NAME	STEPPLING, KIMBERLY A		2 ? NAME		
STREET ADDRESS	1021 SOUTHWEST PINE TO	REE LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM CITY FL 34990	[] DELETE	2.4 CHY - ST - ZIF 3. 1 THE		Change Addition
NAME		.	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	Control of the Contro		3 4 C(1) Y - S1 - 7(P		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THILE		☐ DELETE	5 1 TITLE	900001838 -05/24/9601064-	Addition
NAME			5.2 NAME ·		-UUD
STREET ADDRESS			5 3 STREET ADDRESS	***200.00	
CITY-ST-ZIP		DULT	5.4 CITY - S1 - ZIP		Change Addition
TITLE		☐ DELETE	6 1 TiTLE 62 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		00-1-01
CITY-ST-ZIP			6.4 CITY - ST-ZIP		SG-5-1-96

14. Ido 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 12 if phangod or on an attad import, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR