


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069764 (5)**

1. Corporation Name
ALL STEP SALES AND MARKETING, INC.

Principal Place of Business 4700 HIATUS ROAD #357 SUNRISE FL 33351	Mailing Address 4700 HIATUS ROAD #357 SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4747 Nob Hill Rd. Suite, Apt. #, etc. 22 Suite 14 City & State 23 SUNRISE, FL Zip 24 33351 Country 25 USA		2a. Mailing Address 26 4747 Nob Hill Rd Suite, Apt. #, etc. 27 Suite 14 City & State 28 SUNRISE FL Zip 29 33351 Country 30 USA		3. Date Incorporated or Qualified 08/31/1995	4. FEI Number 22-3214285 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SCHLOSS, LESLIE 4700 HIATUS ROAD #357 SUNRISE FL 33351				10. Name and Address of New Registered Agent 81 Name LESLIE SCHLOSS 82 Street Address (P.O. Box Number is Not Acceptable) 4747 Nob Hill ROAD 83 Suite 14 84 City SUNRISE FL 85 Zip Code 33351			
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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 *Leslie Schloss* **Leslie Schloss** *sec./trns.* **sec./trns.** *1/13/98* **1/13/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4747 NOB HILL Rd #14
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4747 Nob Hill Rd #14
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplementary 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: *David Schloss* **DAVID SCHLOSS, PRESIDENT** *1/13/98* **1/13/98 (954) 747-7170**

CR2E034 (10/97)