FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Mort

STATE

2NC

Secretary of State DIVISION OF CORPO

Apr 18 1997 8:00am Secretary of State

FILED

DOCUMENT # P96000040694 (7)

SAL'S STEP BY STEP, INC.

		Mailing Address 16190 64TH PLACE NO LOXAHATCHEE FL 3347			
				3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report
· '	Place of Business	2a. Mailing Address	teren e e e e e e e e e e e e e e e e e e	4. FEI Number	Applied For
21		26		65-0668349	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
161	RO, SALVATORE SR 190 64TH PLACE NORTH XAHATCHEE FL 33470		82 Street Add 83 City	ress (P.O. Box Number is Not Acceptable	FL B5 Zip Code
office or agent 1 a	registered agent, or both, in the State am familiar with and accounting oblig separtic transfer pulled name of registered ag	of Florida, Such change wa ations of, Section 607.0505,	s authorized by the corpora Florida Statutes. OTE Registered Agent signature requi	poration submits this statement for the pution's board of directors. I hereby accept D	the appointment as registered 31 94
12. THE	President	D DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	Lee Anne M. T.	_	1.2 NAME		
STREET ADDRESS	16140 GAM DIE	e North	1.3 STREET ADORESS		
CITY - S1 - ZIP	Loxabatcher Flor		1.4 CITY-ST-ZIP	•	
TITLE	Vice President	DELETE	2.1 TITLE		Change Addition
NAME	Solvetone Tirro	Sr.	2.2 NAME		
STREET ADDRESS	16190 64th Place	Morth	2 3 STREET ADDRESS		
CITY ST-7+	Loxa hatcher , F	<u> </u>	2. 4 CITY - ST - ZIP		
TITLE	Secretary	☐ DELETE	3.1 Title		☐ Change ☐ Aldition
NAME CHICA AND ACCOUNT	Scott Just Plan	la North	3.2 NAME		N **
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33470	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		V ,X '
CITY-ST ZIP TITLE	Loxahot chee F	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Solvatore J. Tir	TO JR.	4. 2 NAME		
STREET ADDRESS	16130 PAL SIO	ea North	4.3 STREET ADDRESS		
City - St - 7iP	coxahatelee, FC	33470	4.4 CITY-ST-ZIP		
DILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ACIONESS			5.3 STREET ADDRESS		
CITY - \$1 - 20°			5.4 CITY-ST-ZIP		
THUE		DELETE	6.1 TITLE	90000214	Addition
NAME			6.2 NAME	90000214 -04/21/9?011	33026
STREET ATORESS			6.3 STREET ADDRESS	***165.00	
CITY ST-ZIP			6.4 CITY-SY-ZIP	The second section is the second	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 31 changed or on an attachment in an address.

SIGNATURE:

OFFICER OR DIRECTOR

12 31 94 561-753-5595

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