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

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PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 JUL -2 PH 12: 24 DOCUMENT # P9600050749 (6) SECRETARY OF STATE TALLAHASSEE, FLORIDA STEP-N-OUT, INC. Principal Place of Business Mailing Address 495 CRANGE ST. 495 ORANGE ST. PALM HARBOR FL 84883-5445 3 Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DEFERRARI, JEAN M 913 Tampa Rd. Palm Harbor FC 495 ORANGE ST. 82 83 ****165.00 ****165.00 84 City 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 provisions of section 607.0505, Florida Statutes. SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DEFERRARI JEAN PRINCE DELETE 1.1 TITLE TITLE DEFERRARI, JEAN M / President 913 Tampa Road Palm Harbor FL 3 NAME 1.2 NAME 405 ORANGE GT. 913 Tumpa Road STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME . 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE ' 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition Œ 6.2 NAME

certify that the information supplied with this filing does not qualify for the expertion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the expertion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the expertion of this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP