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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000072974 (4)

STEP MANAGEMENT CORP.

25

AHERN, FRED L JR. 2215 THIRD STREET

Principal Place of Business	Mailing Address
5701 UNIVERSITY CLUB BOULEVARD. NORTH	5791 UNIVERSITY CLUB BOULEVARD. NORTH
JACKSONVILLE FL 32211	JACKSONVILLE FL 32211

9. Name and Address of Current Registered Agent

## FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1996 4. FEI Number Applied For 59-3400477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

JACKSONVILLE BEACH FL 32250	83				
	84	City	FL	85	Zip Code
Purguent to the provisions of Sections 607 0502 and 607 1508 Florida Statutas, the all	how	enamed corporation cubmits this statement for the nur	oose of c	hanr	ing its registere

Country

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

30

		84 City	FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Stgnature typed or profiled nerve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	Stgnature, typed or printed name of registered agent and title # applicable [NOTE: F OFFICERS AND DIRECTORS	13.	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	Change Addition						
NAME	GHATTAS, EMILE	1.2 NAME							
STREET ADDRESS	5791 UNIVERSITY CLUB BOULEVARD, NORTH	1.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP							
TITLE	D DELETE	2.1 TITLE	Change Addition						
NAME	GHATTAS, SERGE	2.2 NAME							
STREET ADDRESS	5791 UNIVERSITY CLUB BOULEVARD, NORTH	2.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE	Change Addition						
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE	Change Addition						
NAME		4.2 NAME	i						
STREET ADDRESS		4.3 STREET ADORESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETE	5.1 TITLE	Change Addition						
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition						
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
00V ET 200		EACITY OT TID							

14. Thereby 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 earlier or under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 in the address.

SIGNATURE:

SERGE GHATTAS

MARCH 17.1998

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(/6/DI) \$503745