

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

FILED  
Jun 25 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| <b>DOCUMENT #</b> P97600017006<br>1. Corporation Name: <b>FIRSTSTEP IDEAS BUSINESS SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Principal Place of Business:<br>Via Morandi 4<br>36030 Salzano<br>Venezia, ITALY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Mailing Address:<br>2256 Discovery Circle West<br>Deerfield Beach, FL 33442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business:<br>21. <b>Venezia, Italy</b><br>22. Suite, Apt. # etc.<br>23. City & State<br>24. Zip<br>25. Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2a. Mailing Address:<br>26. Suite, Apt. # etc.<br>27. City & State<br>28. Zip<br>29. Country<br>30. Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 3. Name and Address of Current Registered Agent:<br>Capital Connection<br>417 East Virginia Street, Suite 1<br>Tallahassee, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 10. Name and Address of New Registered Agent:<br>81. Name: <b>Deborah Brannham</b><br>82. Street Address (P.O. Box Number is Not Acceptable): <b>2256 Discovery Circle West</b><br>83. City: <b>Deerfield Beach</b> <b>FL</b> 85. Zip Code: <b>33442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 11. Pursuant to the provisions of Sections 607.0500 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.<br>SIGNATURE: <i>Deborah Brannham</i> DATE: <b>6/20/98</b>                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 12. OFFICERS AND DIRECTORS:<br>TITLE: <b>Director</b><br>NAME: <b>Andrea Bettio</b><br>STREET ADDRESS: <b>Via Morandi 4</b><br>CITY-STATE-ZIP: <b>36030 Salzano Venezia, ITALY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:<br>11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>22. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>23. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>24. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>32. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>33. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>34. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>42. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>43. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>44. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>52. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>53. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>54. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>62. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>63. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>64. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Sandra B. Mortham</i><br>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 05/22/98 954-2619544                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

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