

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90231 043 ***150.00

DOCUMENT # P98000027622

1. Corporation Name

A STEP ABOVE RENOVATIONS, INC.

Principal Place of Business

656 BERLEY STREET
BOCA RATON FL 33487

Mailing Address

656 BERLEY STREET
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

650824493

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 656 Berkeley St
Suite, Apt. #, etc.

2a. Mailing Address

26 656 Berkeley St
Suite, Apt. #, etc.

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip

24 33487 25 USA

Zip

29 33487 30 USA

9. Name and Address of Current Registered Agent

SNEED, WILLIAM
656 BERLEY STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Sneed William

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

656 Berkeley Street

83

84 City

Boca Raton

FL

85 Zip Code
33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X-16-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~William Sneed~~
STREET ADDRESS ~~656 Berkeley St~~
CITY-ST-ZIP ~~Boca Raton FL 33487~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME William Sneed
13 STREET ADDRESS 656 Berkeley St
14 CITY-ST-ZIP Boca Raton FL 33487

2.1 TITLE ☐ Change ☒ Addition

22 NAME George Pawlak
23 STREET ADDRESS 8139 Rose Marie West (Rose Marie)
24 CITY-ST-ZIP Boynton Beach FL 33437

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99 (561) 997-544

CR2E034 (11/98)

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