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

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 97 MAY -1 AM 7: 44 ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 5997911 I STEPP FOOD STORE, INC Principal Piace of Business Mailing Address 10908 THELESA ARBOR DR. TEMPLE TERRACE, FL 33617 3. Date Incorporated or Qualified 3a. Date of Last Report 4196 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *59-3095*859 26 21 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required [22] 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zin Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 82 83 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. Thereby accept the appointment as registered agent. Therefore, and directors are familiar with and directors the obligations of Section 607 0505, Florida Statutes.

SIGNATURE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE HEES I DENT 1 I TITLE TITLE KEVIN READINGEL 10908 THERESA ARBOR DR. TEMPLE TERRACE, PL 3 SCCRETARY ITERSULER NAMI 1.2 NAME SIBEET ADDRESS 1.3 STREET ADDRESS CHY SE 761 1.4 CITY - \$1 - 7IP DELETÉ Change Addition 21 TITLE TITLE CATHY READINGER 10908 THERESA ARBOR X. 900002167999--NAME 2.2 NAME -05/06/97--01102--018 51Rc1 LAL 086 So 23 STREET ADDRESS ****165.00 ****165.00 336/7 DELETE TEMPLE TERRACE, PL 2 4 CITY - ST - ZIP (31Y 51 7)E Change Addition 3.1 TITLE LIM 3.2 NAME MAME 3.3 STREET ADDRESS STREET ACROSS 3.4 CITY+ST-ZIP C 1Y - ST 7/2 DELETE Change Addition 41 TITLE 1010 4 2 NAME NAME 4.3 STREET ADDRESS STRUTATIONS 4 4 CITY - \$1 - ZIP (217 ST 20) Change DELETE 51 TITLE Addition THE 6.26% 5.2 NAME 5.3 STREET ADDRESS SHELLATINES C17 St 7/2 5 4 CITY - ST- ZIP DELETE Change Addition 61 TITLE 1.114 NAM: 6.2 NAME **63 STREET ADDRESS** 64 CITY - ST - ZIP 14. Ide hereby deady that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this arrival 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 takes and lace or concitor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name (41) \$1 761 appears in Block 12 or Block 13 if changed or on an attachment with an address. (813) 247 -4731

INTED NAME OF BIGNING OFFICER OR DIRECTOR