

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00104 1. Corporation Name		(2)	
STEP B, INC.			
Principal Place of Business		Mailing Address	
1030 NOTTINGHAM DRIVE NAPLES, FL 33942		1030 NOTTINGHAM DRIVE NAPLES, FL 33942	
2. Principal Place of Business		2a. Mailing Address	
21 P.O. BOX 155	26 P.O. BOX 155	3. Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/01/1992	
22	27	3a. Date of Last Report	
City & State	City & State	04/25/1995	
23 NAPLES, FL	28 NAPLES, FL	4. FEI Number	
Zip	Country	46-0005776	
24 34106	25 USA	Applied For	
29 34106	30 USA	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ESSER, KAREN 419 3RD STREET N. NAPLES, FL 34103		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	B5 Zip Code
		FL	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSER, KAREN	12 NAME	419 3RD STREET N.
STREET ADDRESS	1030 NOTTINGHAM DR NAPLES, FL 33942	13 STREET ADDRESS	NAPLES, FL 34103
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, STEVEN RICHARD	22 NAME	419 3RD STREET N.
STREET ADDRESS	1030 NOTTINGHAM DR NAPLES, FL 33942	23 STREET ADDRESS	NAPLES, FL 34103
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	100001889721
STREET ADDRESS		43 STREET ADDRESS	-07/10/96--01042--047
CITY - ST - ZIP		44 CITY - ST - ZIP	***225.00
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.			
SIGNATURE: <i>Karen L. Esser</i>		KAREN ESSER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		6-27-95 * 941-261-7162	