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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V30525** (2)
1. Corporation Name: **STEPKA INTERNATIONAL, INC.**



Principal Place of Business: **P.O. BOX 50954 JACKSONVILLE BEACH FL 32240**
Mailing Address: **P.O. BOX 50954 JACKSONVILLE BEACH FL 32240-0954**

3. Date Incorporated or Qualified: **04/22/1992**
3a. Date of Last Report: **02/13/1996**
4. FEI Number: **59-3115653**
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: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTTO, MORGAN C., III
1628 - 3RD AVENUE NORTH
JACKSONVILLE BEACH FL 32240

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUTTO, MORGAN C. | |
| STREET ADDRESS | 1628 - 3RD AVENUE NORTH | |
| CITY - ST - ZIP | JACKSONVILLE BCH FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | STEPKA, RICHARD W | |
| STREET ADDRESS | 6840 RAMUNDO DR | |
| CITY - ST - ZIP | DORAVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | STEPKA, ANN C | |
| STREET ADDRESS | 6840 RAMUNDO DR | |
| CITY - ST - ZIP | DORAVILLE GA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | O'TINGER, NANCY J | |
| STREET ADDRESS | 4954 SHILOH RD | |
| CITY - ST - ZIP | CUMMING GA | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | TOVAR, SANDRA | |
| STREET ADDRESS | 120 CANNON GATE CIR | |
| CITY - ST - ZIP | SHARPSBURG GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | VP |
| 5.3 STREET ADDRESS | Mizala, Melinda |
| 5.4 CITY - ST - ZIP | 205 Fairview Point Ellenwood, GA 30049 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97
Date Daytime Phone #

CR2E034 (9/96)