

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

FILED

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

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature typed or printed name of registered agent and date (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HUTTO, MORGAN C.
STREET ADDRESS 1628 - 3RD AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BCH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE P
NAME STEPKA, RICHARD W
STREET ADDRESS 6840 RAMUNDO DR
CITY-ST-ZIP DORAVILLE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME STEPKA, ANN C
STREET ADDRESS 6840 RAMUNDO DR
CITY-ST-ZIP DORAVILLE GA

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME O'TINGER, NANCY J
STREET ADDRESS 4954 SHILOH RD
CITY-ST-ZIP CUMMING GA

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME TOVAR, SANDRA
STREET ADDRESS 120 CANNON GATE CIR
CITY-ST-ZIP SHARPSBURG GA

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

VP
Mizala, Melinda
205 Fairview Point
Ellenwood, GA 30049

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

Daytime Phone #

CR2E034 (9/96)