

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000093897 (3)

1. Corporation Name

D2P2, INC.



Principal Place of Business

Mailing Address

632 FOREST COVE
 OVIEDO FL 32765

632 FOREST COVE
 OVIEDO FL 32765

3. Date Incorporated or Qualified
 12/11/1995

3a. Date of Last Report
 N/A

2. Principal Place of Business

2a. Mailing Address

21 PO Box 271

26 PO Box 271

4. FEI Number
 59 335 4382

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City, State

27 City, State

O'BRIEN FL

O'BRIEN FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32071

USA

32071

USA

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

81 Name
 WILLIAM D. PETERSON

82 Street Address (P.O. Box Number is Not Acceptable)
 11223 93RD DRIVE

83

84 City
 BRANFORD

FL

85 Zip Code
 32008

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

William D. Peterson

7/24/96

Signature type: (1) principal officer or registered agent and (2), if applicable, (3) Registered Agent signature required when required (3)

(3) Registered Agent signature required when required (3)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | PETERSON, WILLIAM DAVID | |
| STREET ADDRESS | 632 FOREST COVE | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | PETERSON, PAMELA SUE | |
| STREET ADDRESS | 632 FOREST COVE | |
| CITY-ST-ZIP | OVIEDO FL 32765 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PETERSON, WILLIAM DAVID | |
| 1.3 STREET ADDRESS | PO BOX 271 - N/A | |
| 1.4 CITY-ST-ZIP | O'BRIEN FL 32071 | |
| 2.1 TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PETERSON, PAMELA SUE | |
| 2.3 STREET ADDRESS | 1321 BOYER ST. | |
| 2.4 CITY-ST-ZIP | KORLEWOOD FL 32150 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William D. Peterson

WILLIAM D. PETERSON

Date

6/11/96 904 935 2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (3/96)