

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S22100 (9)

1. Corporation Name
PEP EQUITIES CORPORATION

Principal Place of Business

Mailing Address

~~401 SOUTH LINCOLN AVENUE~~
~~SUITE B~~
~~CLEARWATER FL 34610-5625~~
US

~~401 SOUTH LINCOLN AVENUE~~
~~SUITE B~~
~~CLEARWATER FL 34610-5625~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1432 COURT STREET	26 1432 COURT STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CLEARWATER, Florida	28 City & State CLEARWATER, Florida
24 Zip 33756	29 Zip 33756
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 01/02/1991	4. FEI Number 59-3049957 59-3461075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL T
3112 WEST KENNEDY BOULEVARD
TAMPA FL 33609

10. Name and Address of New Registered Agent

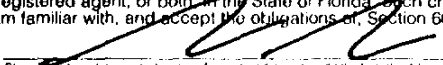
81 Name ROBERT MONTEMARANO

82 Street Address (P.O. Box Number is Not Acceptable)
1432 COURT STREET

83

84 City CLEARWATER FL 85 Zip Code 33756

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  ROBERT MONTEMARANO 5/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I 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:  ROBERT MONTEMARANO 5/1/98 813-449-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0397140

CR2E034 (10/97)