


FILED

Feb 25 1998 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Feb 25 1998 8:00am Secretary of State</div>	
<div>DOCUMENT # L02581 (1) 1. Corporation Name P &amp; P ENTERPRISES OF NORTH FLORIDA INC.</div>					
<div>Principal Place of Business <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del></div>			<div>Mailing Address C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073</div>		
<div>2. Principal Place of Business 21 4313 Highway 17 S. Suite, Apt #, etc. 22 Suite 112 City &amp; State 23 Orange Park, FL Zip Country 24 32073 25 USA</div>			<div>2a. Mailing Address 26 Suite, Apt #, etc. 27 City &amp; State 28 Zip Country 29 30</div>		
<div>9. Name and Address of Current Registered Agent KING, DAVID A ATTORNEY AT LAW 1416 KINGSLEY AVE ORANGE PARK FL 32073</div>			<div>3. Date Incorporated or Qualified 07/18/1989 4. FEI Number 59-2957471 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</div>		
<div>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.</div>			<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code</div>		
<div>SIGNATURE Signature typed or printed name of registered agent and filed approver (NOTE: Registered Agent signature required when reinstating) DATE</div>					
<div>12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP</div>			<div>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</div>		

**SIGNATURE:**

2-12-98 904-777-6861

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