

**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  
 4. FEI Number 59 335 4382 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

2. Principal Place of Business 21 PO Box 271  
 2a. Mailing Address 26 PO Box 271  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22  
 23 City, State O'BRIEN FL 28 O'BRIEN FL  
 24 Zip 32071 25 Country USA 29 32071 30 Country USA

9. Name and Address of Current Registered Agent  
 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
 81 Name WILLIAM D. PETERSON  
 82 Street Address (P.O. Box Number is Not Acceptable) 15223 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 that protects name of registered agent and fee, if applicable. (2) If Registered Agent signature required, show (print) name.

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 6/11/96 904 935 2533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Signed

CFR2E034 (3/96)