

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022376 (3)

1. Corporation Name  
B2P, INC.

Principal Place of Business  
1809 WESTPOINTE CIRCLE  
ORLANDO FL 32855

Mailing Address  
1809 WESTPOINTE CIRCLE  
ORLANDO FL 32855

FILED

97 AUG -8 PM 2: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1996	3a. Date of Last Report
4. FEI Number 59-3366384	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

STORY, KECIA I  
1909 WESTPOINTE CIRCLE  
ORLANDO FL 32855

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box or Mailing Address)	FL
83	
84 City	

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/T/S
STREET ADDRESS		1.3 STREET ADDRESS	KECIA I. STORY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1909 Westpointe Circle Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/D
STREET ADDRESS		2.3 STREET ADDRESS	Richard A. Freeze
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1909 Westpointe Circle Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	Daniel Kitt
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1909 Westpointe Circle Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	300002266513--4
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	-08/14/97--01005--019
STREET ADDRESS		5.3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

CR2E034 (4/97)

pg 2

Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, Florida 32302-1500

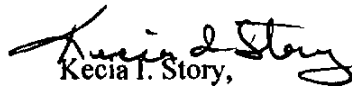
August 1, 1997

Dear Sir/Madam:

I am writing to inform you that I received a notice, indicating it is a 2nd Notice, to file my Annual Report. I have never received the original notice to file the Annual Report.

Based on a telephone conversation with a representative from your department, I was advised that a penalty would not be enforced as long as you receive a letter from me stating the original was never received.

Thank you kindly, for your assistance in this matter.

  
Kecia I. Story,  
President, B2P Inc.