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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000058364 (6)

1. Corporation Name  
T2P ENTERPRISES, INC.



Principal Place of Business  
419 FLAGLER  
NEW SMYRNA BEACH FL 32169

Mailing Address  
419 FLAGLER  
NEW SMYRNA BEACH FL 32169-2640

3. Date Incorporated or Qualified 07/28/1995  
3a. Date of Last Report 04/29/1996  
4. FEI Number 59-3328628  
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  
21 569 S. LONGVIEW PL  
Suite, Apt. #, etc.  
22 LONGWOOD  
City & State  
23 FL  
Zip 24 32779  
Country 25 SCOTLAND  
2. Mailing Address  
26 569 S. LONGVIEW PL  
Suite, Apt. #, etc.  
27 LONGWOOD FL  
City & State  
28 32779  
Country 29 SCOTLAND  
30 SCOTLAND

9. Name and Address of Current Registered Agent  
LABRET, STEVEN MICHAEL  
501 N. MAGNOLIA AVENUE  
SUITE A  
ORLANDO FL 32801

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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | P                               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PESTINE, SHELDON                | 1.2 NAME  |   |
| STREET ADDRESS             | 569 LONGVIEW PL                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LONGWOOD FL 32779               | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   |   |
| 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                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| 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 \_\_\_\_\_ address.

SIGNATURE: Sheldon Pestine, Pres 4/16/97 407-682-726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)