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

FILED Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000040237 (4) P2P EQUITIES, INC. Principal Place of Business Mailing Address 952 WESSON DR. 952 WESSON DR. CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 200 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LABRET, STEVEN M 226 HILLCREST ST. ress (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32801 83 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 agent, or both, in the State of Florida Such phaying was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered SignATURE

| Stocking three State | 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE PENNEL, JACK NAME 1.2 NAME **CR2E034** 952 WESSON DR. STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE ☐ Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE

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 an antachment with an address.

4. 2 NAME

5 1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

___ Addition