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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 565450

1. Corporation Name
1702, INC.

Principal Place of Business	Mailing Address
ATTN: REJEAN LAPIERRE 7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL. 33351	ATTN: REJEAN LAPIERRE 7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL. 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7800 W. OAKLAND PARK BLVD.	26 7800 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc. 22 BLDG. "G"	Suite, Apt. #, etc. 27 BLDG. "G"
City & State 23 SUNRISE, FL.	City & State 28 SUNRISE, FL.
Zip 24 33351 · Country 25 USA	Zip 29 33351 · Country 30 USA

3. Date Incorporated or Qualified 01/17/78

4. FEI Number 59-2498112 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD. BLDG. "G"
SUNRISE, FL. 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	METZGER, NERINA	
STREET ADDRESS	3900 GALT OCEAN MILE C	
CITY-ST-ZIP	FORT LAUDERDALE, FL.	
TITLE	T	☐ DELETE
NAME	REJEAN LAPIERRE	
STREET ADDRESS	7800 W. OAKLAND PARK BLVD. BLDG. "G"	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	3/3	
5.4 CITY-ST-ZIP		
6.1 TITLE	500002445575	☐ Change ☐ Addition
6.2 NAME	-03/03/98--01054--020	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: [signature] REJEAN LAPIERRE 2-25-98 954-749-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #