

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 28 1998 8:00am
Secretary of State

DOCUMENT # P97000093190 (1)

1. Corporation Name
602, INC.



Principal Place of Business
720 MAGNOLIA AVENUE
NEW SMYRNA BEACH FL 32168

Mailing Address
~~POST OFFICE BOX 1304~~
~~NEW SMYRNA BEACH FL 32170-1304~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 894		10/27/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 New Smyrna Beach		59-3476825	
24 Country		29 USA		30	
25		30		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				10. Name and Address of New Registered Agent			
WILEY, DAVID J				81 Name			
720 MAGNOLIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
NEW SMYRNA BEACH FL 32168				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change Addition		
NAME	WILEY, DAVID J			1.2 NAME			
STREET ADDRESS	907 NORTH ATLANTIC AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169			1.4 CITY-ST-ZIP			
TITLE	SPD Secretary/Director	DELETE		2.1 TITLE	Change Addition		
NAME	SEIBOLD, CHARLES R			2.2 NAME			
STREET ADDRESS	200 SOUTH RIVERSIDE DRIVE #302			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169			2.4 CITY-ST-ZIP			
TITLE	Treasurer/Director	DELETE		3.1 TITLE	Change Addition		
NAME	C. Ronald Seibold, Jr.			3.2 NAME			
STREET ADDRESS	11 Richmond Drive			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

CR2E034 (10/97)