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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01273

THE 702 GROUP, INC.

(4)

FILED Apr 16 1997 8:00am Secretary of State

Principal Place	or Business	Mailing	Mailing Address					A.A. B.B.	*****	***** ***** *****
1301 W. LAKE MARY BLVD. STE 100			305 BERWICK CT HEATHROW FL 32746-4334							
LAKE MARY FL 32746 US		US	US				3. Date Incorporated or Qualified 12/19/1991 3a. Date of Last Report 04/24/1996			
2. Principal Pla	ce of Business	2a. Mail	ing Address			··	4. FEI Number	<u> </u>		Applied For
21		26					59-3111074			Not Applicable
Suite, Apt. #,	, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired		.,	5 Additional e Regulred
City & State		City 28	& State				Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zip 24	Country 25	Zip		Count	try		8. This corporation has liability for Florida Statutes	ntangible Yes		er s. 199.032,
	9. Name and Address of Curre		Agent				10. Name and Address of New Re			
	SEY, LISA			8	31	Name				
305 BERWICK CT. HEATHROW FL 32746				ŧ	82 Street Address (P.O. Box Number is Not Accept			le)		
<u> </u>				6	33	····				
					34	City		FL	1	Zip Code
office or reg agent I am SIGNATURE		mous	-ge				orporation submits this statement for the pration's board of directors. I hereby acceptation's board of directors. I hereby acceptation and the statement of the province of t	ot the app	ointmen	t as registered
12,		VD DIRECTOR		13.		it signature rec	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12
THE	D	15 2111	DELETE	1 1 TITL	E.				☐ Char	
NAME	RAMSEY, LISA			1.2 NAM	4E	1				
STREET ADDRESS	305 BERWICK CT			1.3 STR	EET #	ADDRESS				
ENTY-ST-ZIP	HEATHROW FL		Dec eye	1.4 CITY		-ZIP			T 7 24	1.00
TITLE	D RAMSEY, ROBERT H.		DELETE	2.1 TiTL					L. Char	nge
NAME.	305 BERWICK CT			2.2 NAV		ADDRESS				
STREET ADDRESS CITY-ST-7IP	HEATHROW FL			2.4 CIT		1				
101E			DELETE	3.1 TITL		1 - ZH			Char	nge Addition
NAME [32 NAM	AE.			i		
STREET ADDRESS				9.3 STR	EET /	ADORESS				
CCTY-ST-ZIP				3.4 CIT	Y-\$1	T-ZIP				
THLE			DELETE	4.1 TiTL					Char	nge 🔲 Addition
NAME				4. 2 NAJ						
STREET ADDRESS						ADDRESS				
TITLE			DELETE	4.4 CITY 5.1 TITL		I · Z(P			Char	nge Addition
NAME			Ci percit	5.1 HIL 52 NAN						-a- Franciali
STREET ADDRESS						ADDRESS				
CHY-ST-ZIP				5.4 CITY		- 1				
Trice			DELETE	6.1 T/TL					Char	nge Addition
NAME				6.2 NAN	ΛE	}				
STREET ADORESS						ADDRESS	•			
CITY-S1-ZIF				6.4 CITY	Y - S1	T-ZIP				
	certify that the information suppli	ed with this fili	ng does not qua				ted in Section 119.07(3)(i), Florida Statute	s. I further	certify	that the

I have been found 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 clirector of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE: