1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000003551

1. Corporation Name

THE 704 CORPORATION

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90023 031 \*\*\*150.00



Principal Place of Business Mailing Address					4 IMBIIAM 1150 10501 IMILE ANSEL MAILL ANTIL	
6300 CLARK ST		6300 CLARK STATE ROAD	<del>-</del>			
GAHANNA OH 43230		GAHANNA OH 43230				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 06/22/1998	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			APPLIED FOR 3 /-/607039 Not Applicable	
	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		27   City & State				
23		28			6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			This corporation owes the current year intangible	
24	25 29 3		5	•	Personal Property Tax.	
	9. Name and Address of Curren		1		10. Name and Address of New Registered Agent	
	DCD0455 4 60 4 5 4		81	Name		
	DEBOARD & CO., L.P.A.		82	82 Street Address (P.O. Box Number is Not Acceptable)		
913 PADDINGTON TERRACE HEATHROW FL 32746			Ľ			
			83	3		
			84	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named co	rporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	orized by	/ the corpora	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,					
	Signature, typed or printed name of registered ager	<del></del>		ent signature requi	ired when reinstating)  DATE  DATE	
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	YOUNG, DENNIS A	□ DETEIE	1,1 TITLE		C. Griange - Madadori	
NAME	158 PETERSBURG ROAD		1.2 NAME	1		
STREET ADDRESS	HACKETTSTOWN NJ 07840			ET ADDRESS		
CITY-ST-ZIP TITLE	V	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
NAME	DEGNAN, DANIEL D		2.2 NAME			
STREET ADDRESS	AGOS DEEDVIENAL AVE			ET ADDRESS		
CITY-ST-ZIP	BATTLECREEK MI 49017		2.4 CITY-	1	<u>.</u>	
TITLE	ST	☐ DELETE	3.1 TITLE	<del></del>	Change Addition	
NAME	HAGE, JOHN A		3.2 NAME			
STREET ADDRESS	ACCO OLADY OTATE DOAD		3.3 STREE	ET ADDRESS		
CITY-ST-ZIP	GAHANNA OH 43230		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		j	
STREET ADDRESS			4.3 STREE	ET ADDRESS	`	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	.		
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		□ oc.cee	5.4 CITY-	ST-ZIP	Channe Clause	
TITLE		☐ DELETE	6.1 TITLE		. ` , :	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		
			= KACITY	61 71D	ı	

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, with all other like empowered.

614-855-2787