To: Qualification/l'ax Lien Section Division of Corporations To: Qualification/l'ax Lien Section Division of Corporations 28/9 500001850935 -06/04/96--01169--011 *****78.75 ******78.75

SUBJECT: _	TONY + DUIC SPURDER LAD	
	(Name of corporation - must include suffix)	
Dear Sir or M	fadam:	
Florida", "Cc	"Application by Foreign Corporation for Authorization to Transact Business in rtificate of Existence", and check are submitted to register the above referenced training to transact business in Florida.	
Please return	all correspondence concerning this matter to the following:	
	TONY SPULVET (Name of Person) TONY +DUIC SQUIVET LAD (Firm/Company) A QU W. Ruitfoud AUC (Address) Tenusy N. J. D7670 (City/State/Zip)	
•	at (800) 3 65-0556 (Area Code & Daytime Telephone Number)	
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COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	TONY + Dale Sauver, L+D. CO.
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Fill number, if applicable)
	(State or country under the law of which it is incorporated) (Fill number, if applicable)
4.	(Date of Incorporation) 5. PERPCHULI (Duration: Year corp. will cease to exist or
	"perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, P.S.)
	(Date first dailsacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, P.S.)
7.	24 W Ruistoad AUC TEMARY NOT 07670 Suit
	, <u> </u>
	(Current mailing address)
Q	(Current mailing address)
٥, ـ	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Emrida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box 1901)
	Name: Dr. Howard D. Zipper
	Office Address: 360 COCONUT Palm Rd
	Boca Raton, Florida, 67 33434.
10	Registered agent's acceptance: (Zip Code)
Have corpored to the corpored	ring been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as stered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
	A gistered agent's signature)
(Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) DAM Chairman: _ ことはんりらん PROSPECT TERRUIT 100 Address: ____ TENERS (1 11) 5 07676 Vice Chairman: ______Dale Address: 100 270578677681118 JCMUGILINIS 07676 Director: Address; _____ Director: ____ Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: _____ Address: Vice President: _____ Address: _____ Secretary: _____ Address: ____ Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. or any officer listed in number 12 of the application) sparber Onl

(Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE

TONY & DALE SPARBER, LTD.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JAN. 14,1992.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE OUTSTANDING FOR 96,95.

I FURTHER CERTIFY To I THE LOCATION OF THE REGISTERED OFFICE IS 100 WINSTON DR.

APT. 120

CLIFFSIDE PARK NJ 07010 AND THE REGISTERED AGENT IS ANTHONY SPARBER.

MAY 20,1996

Your R. Hooley.