120c HAYS STREET TACAHASSEL, TL 32301-2607

800-342-8086

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ACCOUNT NO. :

072100000032

REFERENCE :

076896

6258A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: September 6, 1996

ORDER TIME : 9:59 AM

ORDER NO. : 076896

CUSTOMER NO:

6258A

CUSTOMER: Dennis P. Cronin, Esq

Bond Schoeneck & King, P.a.

Suite 107

1167 Third Street South Naples, FL 339407098

FOREIGN FILINGS

300001945163 -09/11/96--01097--014 *****87.50 *****87.50

NAME: OGAR ASSOCIATES, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

U. IAX . FILING _

R. AGENT FEE _ C. COPY __

TOTAL ___ N. BANK _

MUARCE DUE __

Notabod ad Hoisiniú

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.	OGAR ASSOCIATES, C.P. (Name of limited partnership so it is in the home state)	Ü
	(Name of limited partnership so it is in the home state)	_
2.	DGAR ASSOCIATES, LTD-R	
	(If name is unavailable, name under which the limited performing proposes to register or transact business in Florida; must contain the word "LIMITED" or "LID.")?	_
3.	(State of Formation) 4. August 15, 1996 (Date of Formation)	
	(State of Formation) (Date of Formation)	~
5.	(Name of Registered Agent for Service of Process)	
	(Name of Registered Agent for Service of Process)	-
6,	(Street Address of Registered Office)	₹
	(Street Address of Registered Office)	
-	(City) NAPUES, Florida 34108 (Zip Code)	
	(Zip Code)	
7.	Acceptance by the Registered Agent for Service of Process.	
	(Agent must sign on this line)	
	(Agent must sign on this line)	
8	(Address of registered office required in state of formation or, if not required, address of principal office.)	_
	(Address of registered office required in state of formation or, if not required address of sciences o	כ
9. Ì	NAMES OF GENERAL PARTNERS STREET ADDRESS	
	_	
	FRED RUTH 61 OLD Grow ROAD	
	CONVENT STATION	
	N.J. 07960	
0	61 OLD GUEN ROAD CONVENT STATION NJ 0796	ハ
	(Office where Names, Addresses and Contributions of Limited Partners are kept.)	_

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONVENT STATION N.J. 07960 Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. This day of _29 STATE OF _ NEW YORK COUNTY OF NEW YORK day of Angust 1996, FUED personally appeared before me, who is personally known to me whose identity I proved on the basis of _____ Seal My Commission Expires: _

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned p	personally appeared <u>FRES</u> ROTH	
a general partner of OGAIL 1	SSOCIATES UP: a (an) New JENSEY	linted non-
hereinafter referred to as the "F	Partnership", who certifies as follows:	umuca parmersnij
1. The amount of capital contrib	butions of the limited partners is \$ 1000	
2. The anticipated amount of the	capital contributions of the limited partners that are allo	cated for the
purposes of transacting business	in Florida is \$ 1000 -	
Under the penalties of perjury I,	being duly sworn, declare that I have read the foregoin	et and know then
contents thereof and that the fact	is stated herein are true and correct.	98 48 88 88
		SE
This 29 day of	16nst , 19 96	SEP -6
		PA PA
	Med Lath	-: 35 -: 35
	General Partner	ŭ i
STATE OF NEW YORK		
COUNTY OF NEW YOLL		•
On this 29 day o A	NGUST 1996, FRED ROTH	4
personally appeared before me,	who is personally known to me	
	whose identity I proved on the basis of	
	0	
	(NotaryiPublic Signature)	
	JEANETTE ALFA	ND
	(Notary's Printed Name)	
Scal	My Commission Expires:	-