TO:

Qualification/Tax Lien Section Division of Corporations

SUBJECT: DURANT MANAGEMENT LIMITED INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS C. ROBERGE (Name of Person) THOMAS C. ROBERGE & COMPANY (Firm/Company) ONE BEACH DRIVE SE - SUITE 220 (Address) PETERSBURG, FLORIDA 33701 (City/State/Zip)

Should you need to call someone concerning this matter, please call:

THOMAS C. ROBERGE

STREET ADDRESS:

at (727 )822-9393

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

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

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## 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.

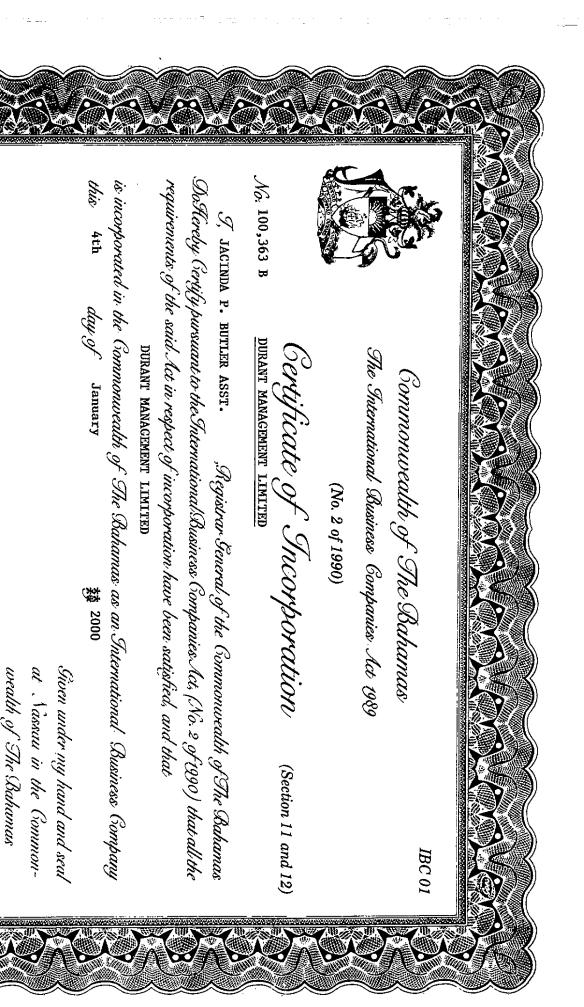
1.	DURANT MANAGEMENT LIMITED INC.	EDIL HOOMEDANISM HC	CDDODAT	TON" or			! ; := :
	(Name of corporation: must include the word "INCORPORATI words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is	a corpora	ition instead of a			
2.	BAHAMAS	3. APPLIED FO	OR				
	(State or country under the law of which it is incorporated)	🕶	(FEI num	ber, if applicable	) "		, x
4.	JANUARY 4, 2000 5. (Date of incorporation)	"PERPETUAL" (Duration: Year corp	o, will cease	e to exist or "perp	petual")		ì
6.	FEBRUARY 15, 2000 (Date first transacted business in Florida.) (SEE SEC	OTIONS 607.1501, 60	7.1502 and	1817.155, F.S.)	· · ·	<del></del>	:
7.	C/O THOMAS C. ROBERGE, ONE BEACH DRIVE	SE - SUITE 220	<u>,                                      </u>	2 +2 · .	· ;		14,1
	ST. PETERSBURG, FLORIDA 33701 (Current)	mailing address)			-	<del>- , -</del>	
8.	REAL ESTATE RENTALS  (Purpose(s) of corporation authorized in home state	or country to be carr	ied out in th	ne state of Florida	1)	 g	] e - 1
9.	Name and street address of Florida registered ager	nt: (P.O. Box or Ma	il Drop Bo	x <u>NOT</u> accepta	ble)	J科 31	
	Name:THOMAS C. ROBERGE			-			
C	Office Address: ONE BEACH DRIVE SE - SUITE 22	.0	-			90.75 12.75 12.75	O ·
	ST. PETERSBURG		, Florida,	33701 (Zip Code)		37	j . u-
1	0. Registered agent's acceptance:						
th	aving been named as registered agent and to accept service is application, I hereby accept the appointment as registered the provisions of all statutes relative to the proper and coe obligations of my position as registered agent.	i anent and adree to a	act in this c	anaciiv, i iuriilei i	auree lu co	IIIIII	
	T-						4 · · · · · · ·
	(Registered	agent's signature)		· · ·	•	-	l
1	Attached is a certificate of existence duly authenticated,	, not more than 90 da	ays 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

12. Names and addresses of officers and/or directors: (Street address ONLY -- P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	Fī
Chairman: GILLIAN RABBIN	1
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	<u>.</u>
ST. PETERSBURG, FLORIDA 33701	· ·
Vice Chairman: NONE	ي سنز
Address:	FECT S
	i
Director: GILLIAN RABBIN	) = # ·
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	*****
ST. PETERSBURG, FLORIDA 33701	
Director:	ε _
Address:	<u>-</u>
	Ţ
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President:GILLIAN RABBIN	.1 ~~
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	<u> </u>
ST. PETERSBURG, FLORIDA 33701	LET
Vice President: THOMAS C. ROBERGE	<u> </u>
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	•
ST. PETERSBURG, FLORIDA 33701	in .
Secretary:GILLIAN RABBIN	· · · · · · · · · · · · · · · · · · ·
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	
ST. PETERSBURG, FLORIDA 33701	i
Treasurer:GILLIAN RABBIN	j
Address: C/O THOMAS C. ROBERGE, ONE BEACH DRIVE SE - SUITE 220	
ST. PETERSBURG, FLORIDA 33701	p s s
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	: -
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. THOMAS C. ROBERGE, VICE-PRESIDENT  (Typed or printed name and capacity of person signing application)	1 +
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