

REFERENCE :

756896

7217755

AUTHORIZATION

COST LIMIT : \$ 1220.00

ORDER DATE : July 7, 2000

ORDER TIME : 10:0 AM

ORDER NO. : 756896-005

CUSTOMER NO: 7217755

500003343715--

CUSTOMER: Mr. Kayron Ellis Omni-horizons Inc 7021 197th Street

Suite E

Bradenton, FL 34202

FOREIGN FILINGS

NAME:

OMNI-HORIZONS, INCORPORATED

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSOND NUTSMERE COMMANDE TIVES TO IN IMITED AND

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BECEINED

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. Zons, INC. (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.) State or country under the law of which it is incorporated) business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered ofgents stered agent's signature) 11. 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

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

which it is incorporated.

Address: 702 E 197th Street Bradenton F1. 34202 Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: See attached officers/directors rider Albert E///s J Address: 912 E 197th Street Bradenton F1. 34202 Vice President: Address: Secretary: Kayo D L E///s Address: 197th Street Orgalanton F1. 34202 Treasurer: Kayo D L E///s Address: 702 E 197th Street Orgalanton F1. 34202 NOTE: If necessary, you may attack an addendum by the application listing additional officers and/or directors.	TR	Ellis	Albert	197th	attached officers/di	_
Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: See attached officers/directors rider Albert Ellis J Address: Director: Address: Address: TOQI E 197th Street Bradenton Fl. 34202 Vice President: Address: Secretary: Kayo D L Ellis Address: ToQI E 197th Street Bradenton Fl. 34202 Treasurer: Kayo D L Ellis Address: Treasurer: Kayo D L Ellis Address: Dradenton Fl. 34202	5 9 9	7	34202			Address:
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Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: See attached officers/directors rider Address: Bradenton Fl. 34202 Vice President: Address: Secretary: Kayon L Ellis Address: Toal E 197th Street Bradenton Fl. 34202 Treasurer: Kayon L Ellis Address: Dradenton Fl. 34202	- []		111111111111			Address:
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Address: Kayon L Ellis Address: 7021 E 197th Street Bradenton F1. 34202			reet		7021 =	
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13. (Signature of Chairman, Vice Chairman, of any officer listed in number 12 of the application)			4	Man	ssury, you may attack an addendu	\sim

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greeting:

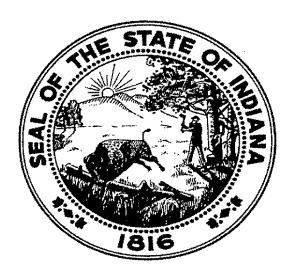
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OMNI-HORIZONS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 30, 1990, and was in existence or authorized to transact business in the State of Indiana on July 10, 2000.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Tenth Day of July, 2000.

Sue ann Lillag

SUE ANNE GILROY, Secretary of State

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