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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENHANCED ASSET MANAGEMENT CORPORATION
(Name of corporation - must include suffix)

400004792614--8
-01/23/02--01092--002
*****78.75 *****78.75

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:

MARK A. THOMPSON
(Name of Person)

ENHANCED ASSET MANAGEMENT CORPORATION
(Firm/Company)

10550 DEERWOOD PARK BLVD, SUITE 600
(Address)

JACKSONVILLE, FL 32256
(City/State and Zip code)

For further information concerning this matter, please call:

MARK A. THOMPSON at (904) 645-0300
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

02 JAN 23 PM 8:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

mtm
1/25

JAN. 9.2002 1:28PM

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. ENHANCED ASSET MANAGEMENT CORPORATION
(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. DELAWARE 3. 59-3687310
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/27/2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10550 DEERWOOD PARK BLVD, SUITE 600 JACKSONVILLE, FL 32256
(Principal office address)

10550 DEERWOOD PARK BLVD SUITE 600 JACKSONVILLE FL 32256
(Current mailing address)

8. DELINQUENT DEBT PLACEMENT AND MANAGEMENT SERVICE
(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)

Name: CAPITOL CORPORATE SERVICES, INC

Office Address: 1333 NORTH DUVAL ST.

TALLAHASSEE, Florida 32303
(City) (Zip code)

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 agent.

Bahara A. Karezuss Asst. Sec.
(Registered 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 which it is incorporated.

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02 JAN 23 8:28
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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN SCHANCK

Address: 10550 DEERWOOD PARK BLVD, SUITE 600

JACKSONVILLE, FL 32256

Vice Chairman: N/A

Address: _____

Director: MARK A. THOMPSON

Address: 10550 DEERWOOD PARK BLVD, SUITE 600

JACKSONVILLE, FL 32256

Director: KIRK MOQUIN

Address: 10550 DEERWOOD PARK BLVD, SUITE 600

JACKSONVILLE, FL 32256

B. OFFICERS

President: MARK A. THOMPSON

Address: 10550 DEERWOOD PARK BLVD, SUITE 600

JACKSONVILLE, FL 32256

Vice President: N/A

Address: _____

Secretary: KIRK MOQUIN

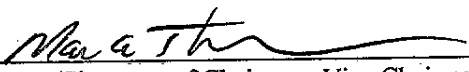
Address: 10550 DEERWOOD PARK BLVD, SUITE 600 JACKSONVILLE, FL 32256

Treasurer: JOHN SCHANCK

Address: 10550 DEERWOOD PARK BLVD, SUITE 600 JACKSONVILLE, FL 32256

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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. MARK A. THOMPSON PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

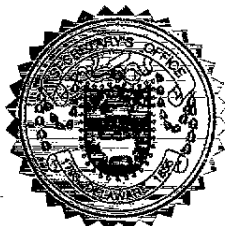
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENHANCED ASSET MANAGEMENT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENHANCED ASSET MANAGEMENT CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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02 JAN 23 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1537957

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DATE: 01-03-02