F95000000450 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

500000' 79605 -01/13/95-01013--003 -*****70.00 *****70.00

SUBJECT: Change of Lace Inc.
(Name of corporation | must include suffix)

Dear Sir or Madam:

W95-1012

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:

Processory Turke
(Name of Person)

Change of Pace Inc

(Firm/Company)

Cobox 2427

(Address)

WPB FL 33402

(City, State and Zip Code)

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

R Turzke at (407) 547 6593.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 13, 1995

ROSEMARY TURKE CHANGE OF PACE, INC. PO BOX 2427 WEST PALM BEACH, FL 33402

SUBJECT: CHANGE OF PACE, INC.

Ref. Number: W95000001012

We have received your document for CHANGE OF PACE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2,100.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 395A00001648

SWORN AFFIDAVIT

JAN. 23, 1995

RE: CHANGE OF PACE, INC.

REF. NUMBER: W95000001012

8: 8:

THIS IS TO INFORM YOU THAT THE INFORMATION LISTED ON LINE #6 WAS MISINTERPRETED AND ERRONEOUS. THE CORRECT DATA FOR LINE #6 IS: UPON QUALIFICATION. THANK YOU FOR YOUR TIME.

ROSEMARY TURKE

CHANGE OF PACE, INC.

PO Box 2427

WPB, FL. 33402

407-547-6593

PRESENTED A FL DRIVER LICENSE.

ENC.

MATTHEW A. POSNER
CONTINUOUS ACC 431776
EXPIRED JAM 4,1999
DAMPSOTURE
ATLANTIC BONDING CO., INC.

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. Chan Get A 111 Chan I Chan
or partnership if not so contained in the name at present.)
2. Delaware. 3. Stobus P.23 Delaware the law of which is increased in the
4. 8 31-12 5. le roetual
(Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Duration: Year corp. will coase to exist or 'perpential') (Date of Incorporation) (Date of Inc
7. Po Box 2427
(Current mailing address)
8. Novsing Services, home business information + long putor Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: Rosemary Turke
Office Address: 211 N. Broadway
LANTAN, Florida, 33462 (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

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.

(Registered agent's signature)

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.

Chairman: Prosenavy Turke Address: 200 Box Tlos 11 11.5 (condition) WPB FU 33402 ANDION IN 55462 Vice Chairman: _\(\Delta\)______ Address: _____ Director: __INT Address: Director: _ IV P Address: ____ **OFFICERS** В. President: Koseymouvu Address: Po-Box 763 -11 1, 10 (arc. dway WPB FL 133402 (MATAMA, FL 2346 2 Vice President: NA Address: _____ Secretary: NA Address: ______ Treasurer: NA Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Typed or printed name and capacity of person signing application)

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

DIRECTORS

Α.

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHANGE OF PACE, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY,

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

A.D. 1995.

95 JAN 27 - JA 8: 32

Idward J. Freel, Secretary of State

AUTHEN HEATHON

7360374

DATE

01-03-95

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