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TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: 5 MART Trailers INC. (Name of Corporation)	-03/28/9501125001 *****70.00 *****70.00
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tr Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	ransact Business in e above referenced
Please return all correspondence concerning this matter to the following:	
Name of Person)	· 9/
(Firm/Company) P.O. Boy 880 (Address) Highland (ity FL 33846) (City, State and Zip Code)	SEGRETARI DIVISION OF C 95 1/42 28
Should you need to call someone concerning this matter, please call: Toseph Morrisch at (813) 644 - 3399 (Name of Person) Area Code & Daytime Telephone Number	ED YOF SIME CRECATIONS PH 4: 22

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

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

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. SIMARY TRAILERS 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.)
2. <u>Dehine</u> 3. 65-0548253
4 // 1/ - 2 % - 100 U
4. 11 11 - 28 - 1994 5. Respectual. (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 13, 1995 (Date first transacted business in Florida. (See sections FO7.1501, 607.1502, and 817.155, F.S.)
7. P.O. Box 880
Highlands City, FL 33846 (Current mailing address)
(Current mailing address)
8. To marked License Apreenies to Other Corrections to Manhecture 456) filaded (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridal Products
9. Name and street address of Florida registered agent:
Name: <u>Donald B. Hazen</u>
Office Address: 5111 Creekmur Dr. (P.O. Bry 880)
Highland City, Florida, 13846 (Zip Code)
(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.
(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 the law of t

having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: A. DIRECTORS	
Chairman:	
Address:	
Mag Chalana	
Vice Chairman:	
Address:	
Director: Donald B. HAZen	
Address: P.O. Box 780 - 5333 Cherkmun DK	
Directof: Julian Hazen	
Address: 6215 (ee Lane	
Inteland, O-L 33.713	
B. OFFICERS	
President: Donald B. Hazen	
Address: P.C. Bay 880 _ 5333 CREEKMUR DR.	
Wighland City Fla. 23846	
Vice President Julian HAZEN	20 210
Address: 6715 (RR Linke	
LAKULANA, FL 33813	1327 1327
Secretary: Donald B. Hazen	550 150 150 150 150 150 150 150 150 150
Address: P.D. Bry 880 - 5333 CREEK MUR DR.	
Highland Chity Fla. 33846	3
Treasurer: Tonald B. Hazen	
Address: P.D. Box 880 - 5333 CREEKINUR DR.	
Highland City Fh 33846	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Nonald B. Hazar Desident (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>Penuld B. Hazen - President</u> (Typed or printed name and capacity of person signing application)	

State of Delaware Office of the Secretary of State

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: