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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

600001578846
-09/06/95--01082--016
*****70.00 *****70.00

SUBJECT: MAJOR DISTRIBUTORS, INCORPORATED
(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:

THEODORE W. WARONICKI
(Name of Person)

MAJOR DISTRIBUTORS, INC
(Firm/Company)

4003 ASPEN LEAF WAY
(Address)

VALRICO, FL 33594
(City, State and Zip Code)

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

THEODORE WARONICKI at (813) 681-6081
(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

FILED
93 SEP -5 AM 8:54
TALLAHASSEE, FLORIDA
mtm

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. MAJOR DISTRIBUTORS, INCORPORATED

(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. MARYLAND

(State or country under the law of which it is incorporated)

3. 521666423

(FEI number, if applicable)

4. NOVEMBER 7, 1989

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. HAVE NOT TRANSACTIONED BUSINESS IN FLORIDA AS OF 1 SEP 95

(Date first transactioned business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. 4003 ASPEN LEAF WAY

VALRICO, FL 33594

(Current mailing address)

8. DISTRIBUTING OF GOOD AND MERCHANDISE AND ANY OTHER ACTIVITY LEGAL IN STATE OF MARYLAND
(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: THEODORE W. WARONICKI

Office Address: 4003 ASPEN LEAF WAY

VALRICO

, Florida , 33594

(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.*

Theodore W. Waronicki
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: THEODORE W. WARONICKI

Address: 4003 ASPEN LEAF WAY

VALRICO, FL 33594

Vice President: SUSAN J. WARONICKI

Address: 4003 ASPEN LEAF WAY

VALRICO, FL 33594

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Theodore W. Waronicki

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

THEODORE W. WARONICKI, PRESIDENT

(Typed or printed name and capacity of person signing application)

FILED
95 SEP -5 AM 8:54
TALLAHASSEE, FLORIDA

STATE OF MARYLAND

DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

368605

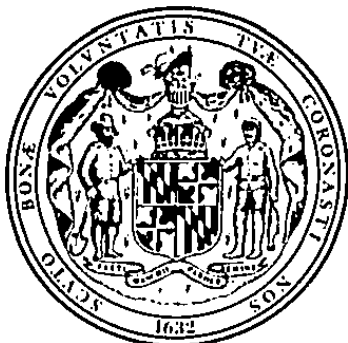
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STATE
TALLAHASSEE
FLORIDA

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MAJOR DISTRIBUTORS, INCORPORATED IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 6TH DAY OF JUNE, 1995.


BRENDA A. WALKER
ADMIN SPECIALIST II