

F9500005733

CAPITAL CONNECTION, INC.
 417 E. Virginia St., Suite 1, Tallahassee, FL 32302, (904) 222-4800
 Mailing Address: Post Office Box 40149, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

All ways Federal
Industries, Inc.

| | C.C. FEE. | DISBURSED |
|-------------------------------|-----------|-----------|
| Capital Express™ | | |
| CA All of the File | | |
| Corp. Record Search | | |
| Ltd. Partnership File | | |
| Foreign Corp. File | | |
| () Cert. Copy(s) | | |
| Art. of Amend., File | | |
| Dissolution/Withdrawal | | |
| C U S. | | |
| Fictitious Name File | | |
| Name Reservation | | |
| Annual Report/Reinstatement | | |
| Reg. Agent Service | | |
| Document Filing | | |
| Corporate Kit | | |
| Vehicle Search | | |
| Driving Record | | |
| Document Retrieval | | |
| UCC 1 or 3 File | | |
| UCC 11 Search | | |
| UCC 11 Retrieval | | |
| File No.'s, Copies | | |
| Courier Service | | |
| Shipping/Handling | | |
| Phone () | | |
| Top Priority | | |
| Express Mail Prop. | | |
| FAX () pgs. | | |

SUBTOTALS _____

| | |
|--------------------------------|----|
| FEE..... | \$ |
| DISBURSED..... | \$ |
| SURCHARGE..... | \$ |
| TAX on corporate supplies..... | \$ |
| SUBTOTAL..... | \$ |
| PREPAID..... | \$ |
| BALANCE DUE..... | \$ |

| REQUEST | TAKEN | CONFIRMED | APPROVED |
|---------|------------|-----------|----------|
| DATE | | | |
| TIME | | | CK No. |
| BY | <u>APK</u> | | |

WALK-IN
 Will Pick Up 11/27 1200

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**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. ALL-WAYS NATURAL INDUSTRIES, 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. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1/79 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. date of filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 145 Huguenot Street
New Rochelle, New York 10801
(Current mailing address)

8. To market and sell hair care and affiliated products
(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:

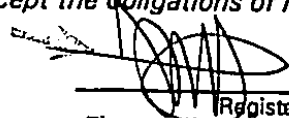
Name: Thomas Hood

Office Address: 4241 Baymeadows Road, Suite 4

Jacksonville, Florida, 32217
(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)
Thomas Hood

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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Brian K. Marks

Address: 149-28 Tenth Avenue
Whitestone, NY 11357

Vice Chairman: _____

Address: _____

Director: Brian K. Marks

Address: 149-28 Tenth Avenue
Whitestone, NY 11357

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Brian K. Marks

Address: 149-28 Tenth Avenue
Whitestone, NY 11357

Vice President: _____

Address: _____


Secretary: Brian K. Marks

Address: 149-28 Tenth Avenue
Whitestone, NY 11357

Treasurer: _____

Address: _____

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)

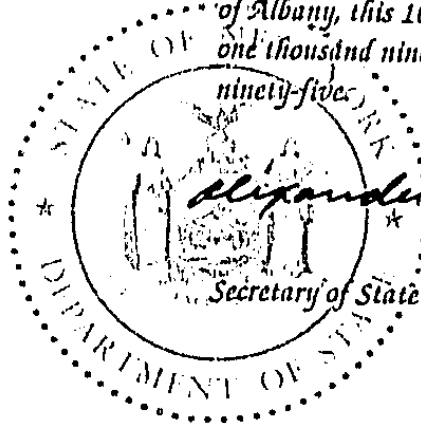
14. Brian K. Marks, President/Chairman
(Typed or printed name and capacity of person signing application)

State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of ALL-WAYS
NATURAL INDUSTRIES, INC. was filed on 10/25/1978, with perpetual duration,
and that I have made a diligent examination of the index of corporation
papers filed in this Department for a certificate, order, or record of a
dissolution, and upon such examination, I find no such certificate, order
or record, and that so far as indicated by the records of this
Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of November
one thousand nine hundred and
ninety-five.



Alexander F. Treachwell

199511130164

RECEIVED
DEPARTMENT OF STATE
NOV 27 11:38 AM '79