F960000000950

TO: Qualification/Tax Lien S Division of Corporation		
SUBJECT: Scandanavian	Profiling Systems Inc. Name of corporation - must include suffix)	<u> </u>
Dear Sir or Madam:		
The enclosed "Application by F Florida", "Certificate of Existen foreign corporation to transact	oreign Corporation for Authorization to I ce", and check are submitted to register th pusiness in Florida.	Fransact Business in ne above referenced
	e concerning this matter to the following:	W96-3
Donald R. Mi	Lks (Name of Person)	3000017: -02/20/360104 ****131.25 **
Scandanavian	Profiling Systems, Inc. (Firm/Company)	. <u></u>
5449 Maule Wa	, , ,	96 FEB 2
Mangonia Park	, Florida 33407 (City/State/Zip)	
		1_//_ 51

COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 20, 1996

DONALD R. MILKS SCANDINAVIAN PROFILING SYSTEMS, INC. 5449 MAULE WAY MANGONIA PARK, FL 33407

SUBJECT: SCANDINAVIAN PROFILING SYSTEMS, INC.

Ref. Number: W96000003857

We have received your document for SCANDINAVIAN PROFILING SYSTEMS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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).

Please correct the spelling of "Scandinavian" or submit a certificate from Delaware showing the spelling "Scandanavian." Please also provide a more complete address for Stig Jonsson.

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: 796A00007405

Scandinavian Profiling Systems Inc.

5449 Maule Way • Mangonia Park, FL 33407 Phone: 407-863-1333 • Fax: 407-863-7722 • 1-800-248-6955

February 22,1996

The Honorable Sandra B. Mortham Secretary of the State of Florida Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

Dear Ms. Secretary:

To confirm my telephone conversation of Thursday, February 22,1996 with your Document Examiner, Mr. Lee Rivers.

With regard to your letter of February 20,1996, the correct spelling is Scandinavian and we did in fact have a typing error which has been corrected.

We detailed Mr. Stig Jonsson address as you requested.

Thank you for your assistance.

Sipgerely,

Donald R. Milks

President

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:

Delaware State or country under the law of which it is incorporated	3.	16-1386258		
Tele or country under the law of which it is incorporated		TO-T300530		
Marcot Coming Amort die imm of Attack is an arrest trans-	1)	(FEI number, if appl	icable)	
10-20-90	5.	Perpetual		
(Date of Incorporation)	(Dur	ation: Year corp. will cease to ex	ist or "perpe	(4 47) ≦Ω
1-1-96 (Date first transacted business in Florida, (SEE SECT	rions 607.1:	501, 607.1502, AND 817.155, F.S	FEB 26	CRETAR OF C
5449 Maule Way				250 250 270
			=	STATE
Mangonia Park, Florida 3340/	nailing addre	:53)	- 35	33
Name and street address of Florida registe acceptable) Name: Donald R. Milks	ered agent	t: (P.O. Box or Mail Drop	Box <u>NO</u>	
fice Address: 5449 Maule Way		•		
Mangonia Park		, Florida , 33407	·	
Registered agent's acceptance:		(Exp cost)		
rporation at the place designated in this appli- sistered agent and agree to act in this capacit statutes relative to the proper and complete p d accept the obligations of my position as reg	icaiion, 1 i ty. I furth performan zistered ag	nereby accept the appointmer agree to comply with the sce of my duties, and I am j	IETH CAN	ns of ith
	Mangonia Park, Florida 33407 (Current manufacture of Metal Roofing Purpose(s) of corporation authorized in home state or offords) Name and street address of Florida register acceptable) Name: Donald R. Milks Mangonia Park Registered agent's acceptance: Inving been named as registered agent and to prove the proper and complete accept the obligations of my position as registered agent and complete accept the obligations of my position as registered agent and complete accept the obligations of my position as registered agent and complete accept the obligations of my position as registered.	1-1-96 (Date first transacted business in Florida. (SEE SECTIONS 607.): 5449 Maule Way Mangonia Park, Florida 33407 (Current mailing address) Manufacture of Metal Roofing Products Purpose(s) of corporation authorized in home state or country to be florida) Name and street address of Florida registered agent acceptable) Name: Donald R. Milks Tice Address: 5449 Maule Way Mangonia Park Registered agent's acceptance: The provident of the place designated in this application, I furthes statutes relative to the proper and complete performant of accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the state of the proper and complete performant accept the obligations of my position as registered agent and accept the state of the proper and complete performant accept the obligations of my position as registered agent and the place accept the position accept the page to accept the page t	1-1-96 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S. 5449 Maule Way Mangonia Park, Florida 33407 (Current mailing address) Manufacture of Metal Roofing Products Purpose(s) of corporation authorized in home state or country to be carried out in the state of ilonda) Name and street address of Florida registered agent: (P.O. Box or Mail Drop acceptable) Name: Donald R. Milks lice Address: 5449 Maule Way Mangonia Park Mangonia Park Mangonia Park Purpose(s) of corporation authorized in home state or country to be carried out in the state of ilonda Name and street address of Florida registered agent: (P.O. Box or Mail Drop acceptable) Name: Donald R. Milks Registered agent's acceptance: Purpose(s) for indication of mangonia and to accept service of process for the above poration at the place designated in this application, I hereby accept the appointment is tered agent and agree to act in this capacity. I further agree to comply with the structures relative to the proper and complete performance of my duttes, and I am I did accept the obligations of my position as registered agent.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 5449 Maule Way Mangonia Park, Florida 33407 (Current mailing address) Manufacture of. Metal Roofing Products Purpose(s) of corporation authorized in home state or country to be carried out in the state of riorda Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NO acceptable) Name: Donald R. Milks fice Address: 5449 Maule Way Mangonia Park , Florida, 33407 (Zip Code) Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as instered agent and agree to act in this capacity. I further agree to comply with the provision strututes relative to the proper and complete performance of my dutles, and I am familiar with accept the obligations of my flosition as registered agent.

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: <u>Stic Jongson</u> Address: La Ouinta Golf and Country Club Las Torrazas -14 Nueva Andalucia, Spain Vice Chairman:_____ Address: Director: Jan L af Petersen Address: 645 Beachland Boulevard Voro Boach, Florida 32964 Director: Donald R. Milks Address: ___5449 Maule Way Mangonia Park, Florida 33407 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Stig Jonsson Address: Neuva Andalucia, SPAIN Vice President: N/A Address: _ Secretary: Donald R. Milks Address: _5449 Maule Way ___ Mangonia Park, FL 33407 Treasurer: Donald R. Milks Address: 5449 Maule Way, Mangonia Park, FL 33407 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)

14. Donald R. Milks, Director & Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCANDINAVIAN PROFILING SYSTEMS, INC." 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 FIFTH DAY OF FEBRUARY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCANDINAVIAN PROFILING SYSTEMS, INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, I.D. 1990.

AND DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAKE

OF CORPORATIONS

Edward J. Freel, Secretary of State

AUTHENTICATION:

7815264

960033485

2243245 8300

DATE:

02-05-96