

F96000003960

TO: Qualification/Tax Lien Section
Division of Corporations

800001301758
-07/23/95--01072--014
*****78.75 *****78.75

SUBJECT: ASON CORP.
(Name of corporation - must include suffix)

W96-15381

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:

Nils A. Arvidsson
(Name of Person)

ASON CORP.
(Firm/Company)

8215 ROLLA COURT
(Address)

ORLANDO FL 32836
(City/State/Zip)

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mtm

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

Nils Arvidsson at (407) 352 7251
(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 Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 23, 1996

NILS A. ARVIDSSON
% ASON CORP
8215 ROLLA COURT
ORLANDO, FL 32836

SUBJECT: ASON CORP.
Ref. Number: W96000015381

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We have received your document for ASON CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 396A00035450

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Nils A Arvidsson, do hereby certify
(Name)

that this Resolution of the Board of Directors of ASON CORP.

(Corporate Name)


a corporation duly organized and existing under the laws of the State of DELAWARE

was duly adopted on 7/29, 19 96

Be it resolved, that ASON CORP.,
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name
ANNA K CONSULTING CORP. for use in Florida.

Dated: 7/29/1996


Signature of either Chairman, Vice Chairman or any officer

Nils A. Arvidsson
Type or print name

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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. ASON CORP.
2. DELAWARE
3. 59-306 4497
4. 4/8/1991
5. PERPETUAL
6. NO BUSINESS TRANSACTED IN FLORIDA YET
7. % NILS ARVIDSSON
8215 ROLLA COURT, ORLANDO FL. 32836

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- 8. ANY TYPE OF LAWFUL BUSINESS, INCLUDING BUT NOT LIMITED TO CONSULTING.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: NILS ARVIDSSON
Office Address: 8215 ROLLA COURT
ORLANDO, Florida, 32836

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 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: Nils A. Arvidsson

Address: 8215 ROLLA COURT
ORLANDO FL 32836

Vice Chairman: Wivi Ann Arvidsson

Address: 8215 ROLLA COURT
ORLAND FL 32836

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Nils A. Arvidsson

Address: 8215 ROLLA COURT
ORLANDO FL 32836

Vice President: Wivi Ann Arvidsson

Address: 8215 ROLLA COURT
ORLANDO FL 32836

Secretary: Wivi Ann Arvidsson

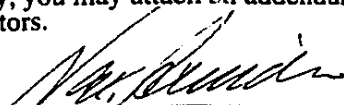
Address: 8215 ROLLA COURT
ORLANDO FL 32836

Treasurer: Nils A. Arvidsson

Address: 8215 ROLLA COURT
ORLANDO FL 32836

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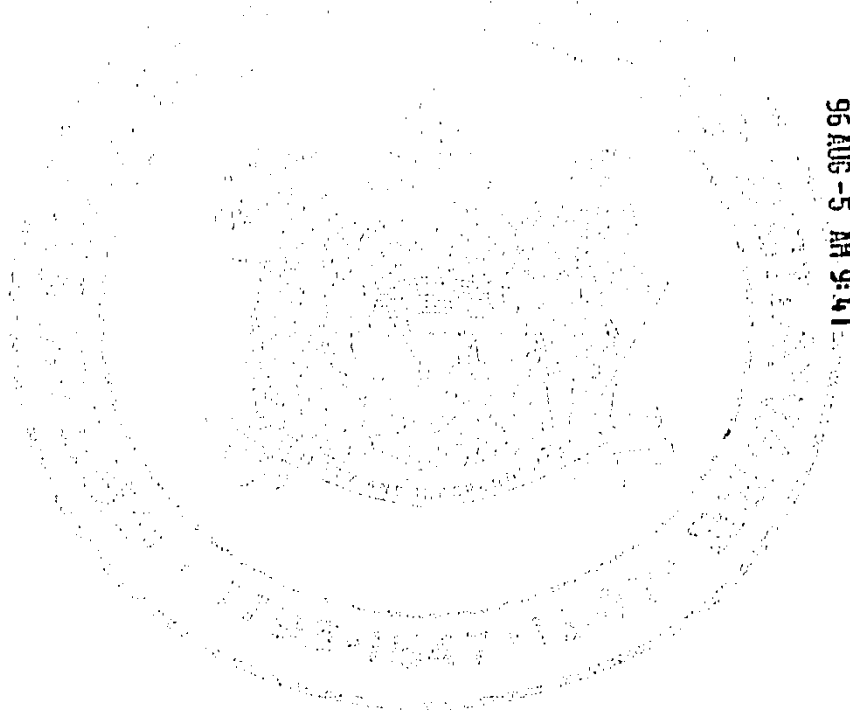
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nils A. Arvidsson, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABON, CORP." 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 ELEVENTH DAY OF JULY, A.D. 1996.



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DIVISION OF CORPORATIONS
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Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

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07-11-96