TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: BULRAD ILLINOIS INC

(Mante of corporation - mast include surfix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Tran Florida", "Certificate of Existence", and check are submitted to register the a foreign corporation to transact business in Florida.	nove reterenced	
Please return all correspondence concerning this matter to the following:	W96-16949 TODOD1920197	
DENNIS LITKE (Name of Person)	-08/)3/9601097005 *****70.00 *****70.00	
BULRAD ILLINOIS INC (Firm/Company)	500001935915 -08/30/9601062019 *****400.00 ****400.00	
1180 SPRINGFIFLD ROAD (Address)		
WINNIPEG、MB R2C 272 (City/State/Zip)	SECRETARY 30	
Should you need to call someone concerning this matter, please call:	AH 10: 2	
DENNIS LITKE at (204) (Name of Person) (Area Code & Dayti	224-3211 S S	

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

Bulrad Illinois Inc

1180 Springfield Road ● Winopeg, Manitoba ● R2C 2Z2 ● 204-224-3211 ● Fak: 204-224-9547

July 31, 1996

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

Dear Sir(s):

Re: Bulrad Illinois Inc FEI # 36-3722369

We enclose the "Application by Foreign Corporation for Authorization to Transact Business in Florida".

When we decided to do business in Florida we spent countless hours contacting various departments of the State of Florida and asked them what steps we needed to take in order to do business in Florida. We filled out the necessary forms (some we didn't need to) and registered for what we were made aware of. This particular application was never mentioned.

We have filed all necessary reports, forms, etc. including the State Corporate Tax Returns. We have not knowingly avoided registering to do business in Florida.

It would be helpful if all departments were made aware that there are registration requirements with the Department of State and advise people to get in contact with this Department. This would avoid the situation we are in.

Yours truly.

Dennis Litke

Financial Administrator



August 14, 1996

DENNIS LITKE BULRAD ILLINOIS INC. 1180 SPRINGFIELD ROAD/WINNIPEG, MANITOBA CANADA R2C 2Z2,

SUBJECT: BULRAD ILLINOIS INC. Ref. Number: W96000016949

We have received your document for SULRAD ILLINOIS INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$400.00.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 396A00038621



August 22, 1996

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314 U.S.A.

Attention: Lee Rivers

Dear Sir:

RE: Bulrad Illinois Inc., FEIN - 36 - 3722367

We enclose our cheque for \$400.00 covering the 1995 and 1996 annual report fees. A copy of your letter is attached.

Yours truly,

Dennis Litke

Financial Administrator

DL/hk

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,	(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.	TLL INOIS Sinte or country under the law of which it is incorporated) 3. 36-3722369 (Fill number, if applicable)	
4.	AUGUST 16, 1990 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
6.	NOVEMBER 7, 1994 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	1180 SPRINGFIELD ROAD	
	WINNIPEG, MB CANADA R2C 2Z2 (Current mailing address)	_
	(Current mailing address)	DIVISION
8.	(Current mailing address) MANUFACTURERS SALES REPRESENTATIVE (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	CORPORA
	Name: MIKE KIMBALL	TIONS
	Office Address: 7542 COMPASS DRIVE	
	WINTER PARK , Florida , 32792 (Zip Code)	
10	Registered agent's acceptance:	
На	aving been named as registered agent and to accept service of process for the above state	ted

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.

Mickael de Den Carl

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.

2. 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) Address: Vice Chairman: Address: ____ Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: HERB BULLER Address: 140 BLUE GRASS ROAD WINNIPEG, MB R2C 2Z2 Vice President: Address: Secretary: MARK BULLER Address: 54 RADLEY BAY WINNIPEG MB R3W 1H9 Treasurer: JAMES BULLER Address: 521 OAKLAND AVENUE WINNIPEG, MB R2G 0B6 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) HERB BULLER

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

File Number 5607-268-3



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereky certify that

BULRAD ILLINOIS INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 16, 1990, APPEARS
TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



- In Testimony Whereof, I hereto s		
	affixed the Great Scal of	
day of JULY	.A.D., 19_96	

Swy H Ryan
SECRETARY OF STATE