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F96000005149

C T CORPORATION SYSTEM
 Requestor's Name
 660 East Jefferson Street
 Address
 Tallahassee, Florida 32301
 City State Zip Phone

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 -10/04296--01102--006
 *****70.00 *****70.00

CORPORATION(S) NAME

Adventure Shops, Inc.

RECEIVED
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 DIVISION OF CORPORATION

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- NonProfit
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION 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. ADVENTURE SHOPS, 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. PENNSYLVANIA
(State or country under the law of which it is incorporated)
3. #23-2692981
(FEI number, if applicable)
4. 6-1-96
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1996
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 607.1503 F.S.))
7. 701 PARKWAY
BROOMALL, PA 19008
(Current mailing address)
8. RETAIL SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

SECRETARY OF STATE
PHILA. ASSE. FLORIDA
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9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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.

C T CORPORATION SYSTEM



(Registered agent's signature) (Officer)

Dome...c A. Borriello, Asst. Secy.

(Type Name and Title of Officer)

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: BRUCE GOLDMAN
188 DAMVIEW DRIVE
Address: MEDIA, PA 19063

Vice Chairman: Darron Goldman
9695 W. Lake Court
Address: Boca Raton, Florida 33434

Director:
Address:

Director:
Address:

B. OFFICERS

President: DARRON GOLDMAN
9695 W. LAKE COURT
Address: BOCA RATON, FLORIDA 33434

Vice President: BRUCE GOLDMAN
188 DAMVIEW DRIVE
Address: MEDIA, PA 19063

Secretary: MAUREEN GOLDMAN
188 DAMVIEW DRIVE
Address: MEDIA, PA 19063

OCT-01-1996 15112

C T CORP. PHILA. TEAM 2

215.5871302 P.04/04

Treasurer: NONE

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. BRUCE GOLDMAN, Chairman
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

OCTOBER 01, 1996

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

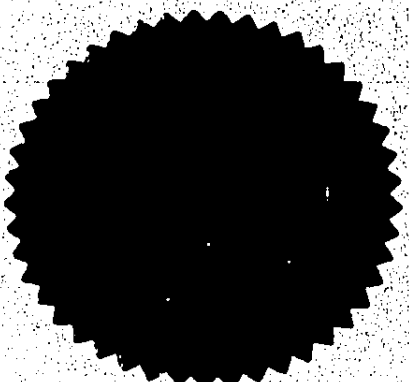
I DO HEREBY CERTIFY THAT,

ADVENTURE SHOPS INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

CFEN