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	y com gue
TRANSMITTAL LETTER	00
TO: Qualifica Ora Lem Section O Corporations	00020113939
SUBJECT: The Travers Group (Name of corporation - must include suffix)	-11/21/9601079001 *****70.00 *****70.00

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:

	Juri E. Raleigh (Name of Person)	
	The Travers Goup (Firm/Company)	96
	(Firm/Company)	
	370 11th Ave South	FIL 96 NOV 21 SECRETARN
\ <u></u>	(Address)	
	Haples Florida 34102 (City/State/Zip)	H 2: 42 F STATE FLORIDA
	(City/State/Zip)	
		1011/21
Should you need to call s	someone concerning this matter, please call:	If I
Juli E. Ra (Name of Person)	Heigh' at (941) 4 (Area Code & Daytin	36-3915
(Name of Person)	(Area Code & Daytii	me 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

* lopy of carrying of his action

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.	The Travers (roup (A mandruselles Corporan)	
	The Travers (roup (11 mandhusetts Corperate) (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.	Massachusetts 3. 043125756 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(Date of Incorporation) 5. Perpetuse (Duration: Year corp. will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, 753)	
7.	Maple. Florida 34102 (Current mailing address)	1 1
	Haple, Florida 34102 PSE 2	를 때
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florada).	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: William T. Rallyfigh	
	Office Address: <u>9. 370 //n Me South</u> Naples. Projectored countly asserted as a second countly as a second cou	
	Maples., Florida, 34102	
10.	Registered agent's acceptance:	
cor _i regi all	ving been named as registered agent and to accept service of process for the above state poration at the place designated in this application, I hereby accept the appointment a istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.	S f
	Welliam Jules Sugarine	

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: Address: Vice Chairman: Address: Director: ___ Address: ___ Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Lori & Pulciph Address: ____ NEDIS. Rondi 34102 Vice President: _____ Address: _____ Secretary: Address: Treasurer: ______ Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Sin 2 Post (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Jon E. Peleyh President

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02188

November 12, 1996

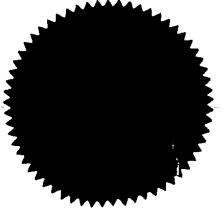
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

The Travers Group Inc.

is a domestic corporation organized on March 23, 1994, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



N21 PH 2: 42
HASSEE, FLORIDA
In testimony of which,

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

NEM

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

** MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.