TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION **DIVISION OF CORPORATIONS**

900002340149--1. -01/29/98--01001--017 ***1165.00 ***1165.00

SUBJECT:	Style	Crest (Name of c	Manufact corporation)	uring,	Inc
		maine of C	orporation	A = A = A = A	

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:

(Firm/Company)

-11/06/97--01063--001 *****70.00 *****70.00

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

(Name of Person)

Area Code & DaytimeTelephone Number

W97-25265

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COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Registration Sec. **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 6, 1997

JULIA DAVIDSON STYLE CREST MANUFACTURING INC 600 HAGERTY DR. FREMONT, OH 43420

SUBJECT: STYLE CREST MANUFACTURING, INC.

Ref. Number: W97000025265

We have received your document for STYLE CREST MANUFACTURING, 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), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1165.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 497A00053775



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 23, 1998

JULIA DAVIDSON STYLE CREST MANUFACTURING INC 600 HAGERTY DR. FREMONT, OH 43420

SUBJECT: STYLE CREST MANUFACTURING, INC.

Ref. Number: W97000025265

This letter is in response to the application by foreign corporation for & authorization to transact business in Florida that was previously submitted to this office for STYLE CREST MANUFACTURING, INC..

The referenced application states that the corporation has transacted business in the State of Florida since September 30, 1996. You were notified by letter dated November 6, 1997, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$1165.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6091.

Michael Mays Document Specialist

Letter No. 998A00003825

Enclosure

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. Style Crest M (Name of corporation: must include t abbreviations of like import in langua or partnership if not so contained in t	de as will clearly indicate the	"COMPANY" "CORPOR	RATION" or words ead of a natural per	or son
2. Ohio (State or country under the law of w				<
4. 8-19-96 (Date of Incorporation)	5. (Duration: Yes	er corp. will cease to exi	st or "perpetual")	 .
6. Q-30-96 (Date first transacted business in Flor		-	ي≲ چ	
(Date first transacted business in Flow 7. 3904 Builders	• • • • • • • • • • • • • • • • • • •	, 607.1502, and 817.13		_ -
Plant City,	FL 33567 (Current mailing addre	20)	AM STORY	·
8. Manufacture of Purpose(s) of corporation autho	f anchors step	s + rails for	e state of Florida)	nome.
9. Name and street address of Flacceptable) Name: PHILL		P.O. Box or Mail Drop	p Box <u>NOT</u>	
Office Address	3904 BUILDERS CIR	CLE		
PLAN	T CITY	, Florida,	33567 (Zip Code)	<u>_</u>
10. Registered agent's accept	ance:			
Having been named as registered corporation at the place designation registered agent and agree to according to the prowith and accept the obligations of	d agent and to accept s ated in this application, t in this capacity. I furth per and complete perfor	er agree to comply mance of my duties	with the provision	ons
By: h	ellip Buch	· · · · · · · · · · · · · · · · · · ·	· ·	
(Regis	tered 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) DIRECTORS (Street address only- P.O. Box NOT acceptable) Address: 43420 Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) President: Address: 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. (Signature of Charman, Vice Chairman, or any officer listed in number 12 of the application.)

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

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show STYLE CREST MANUFACTURING, INC., an Ohio Corporation, Charter No. 396964, having its principal location in Fremont, County of Sandusky, was incorporated on April 29, 1970, is currently in GOOD STANDING upon the records of this office.



witness my hand and official seal at Columbus, Ohio this
15th day of October, A.D. 1997

Rob Taff

Bob Taft Secretary of State