F98000003393

To: Qualification/Tax Lien Section							
Division of Corporations							
SUBJECT: TRACERTON Enterprises, INC. (Name of corporation - must include suffix)							
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:							
The The Shapper of The							
(Name of Person)							
(Name of Person)							
TVACENTON ENTERPRISES, IN CO							
(Firm/Company)							
CIOI WASHINGTON BLVD 47th							
CSOI WASHINGTON BLVD 47th (Address) Culven City, CA 90232 (City/State/Tin)							
(City/State/Zip)							
Should you need to call someone concerning this matter, please call: 200025600725 -05/15/3801107009 ******78.75 ******78.75							
1/MOTHY GILMONE at 310 815 8283							
(Name of Person) (Area Code & Daytime Telephone Number)							

COURIER ADDRESS:

Qualification/Tax Lien Section 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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE DECISTED A FO	E WITH SECTION 607.1503, FLORIDA STATOT REIGN CORPORATION TO TRANSACT BUSIN	ESS IN THE STATE OF FLORIC)A
-	IRACERTON EnterPrise	s, INC.	
words or abbres	oration; must include the word "INCORPORATED", " riations of like import in language as will clearly indic or partnership if not so contained in the name at preser	COMPANY", "CORPORATION cate that it is a corporation instead ont.)	ı a
2	ALIFORNIA 3.	95-46733. (FEI number, if applicab	35 Ne)
(State or country	y under the law of which it is incorporated)	_	
4	16-25-96 5. (Duration)	Year corp. will cease to exist or "	nometro!"\
(Da	te of incorporation) (Duration	Year corp. will cease to exist of	perpetuar)
6 We	are WAITING TO BREDME P	hoperes registred	- Conser.
(Date firs	st transacted business in Florida.) (SEE SECTIONS 60	17,1501, 607.1502 and 817.155, F.S.)
7.	101 WADHINGTON Blue	el	
	Cilian City CA 9	0232	-
	(Current mailing address)		- 86
8.	Security Guard Service		JUN IS
Pumose	c(s) of corporation authorized in home state or country	to be carried out in state of Florida	
9. Name and st	reet address of Florida registered agent: (P.O.	Box or Mail Drop Box NOT acc	eptable)
Name:	TAMI F. CONETTA, ESQ		Tions D3
Office Address:	1549 RINGLING BLVD STE 600		
	SARASOTA	, Florida, <u>34233</u>	
		(Zip code)	
10. Registered	agent's acceptance:		
in this application comply with the p	ned as registered agent and to accept service of proce n, I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and co bligations of my position as registered agent.	nt and agree to act in this capacity. Implete performance of my duties, a	I jurther agree to and I am familiar with
	Dani Xtometta	·.	
	Registered agent's signatu	ure)	
11. Attached is a Department of Sta	certificate of existence duly authenticated, not more ate, by the Secretary of State or other official having of	than 90 days prior to delivery of this custody of corporate records in the j	s application to the urisdiction 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: Address: Vice President: Secretary: Address: __ Treasurer: Address: NOTE: If necessary, you may attach an addeption to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) TIMOTHY O. GILMONE (Typed or printed name and capacity of person signing application)



State of California

the first of the control of the cont

Bill Jones Secretary of State P.O. Box 944230 Socramento CA., 94144 2300 Phone (91a) 657 3537

STATEMENT BY DOMESTIC STOCK CORPORATION THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE ISEC 1502 CORPORATIONS CODE!

A \$10 FILING FEE MUST ACCOMPANY THIS STATEMENT.

WHEN COMPLETING FORM, PLEASE USE BLACK TYPEWRITER RIBBON OR BLACK INK

IMPORTANT—Please Read Instructions On Back Of Form

DO NOT ALTER PREPRINTED NAME IF ITEM NO 1 IS BLANK PLEASE ENTER CORPORATE NAME

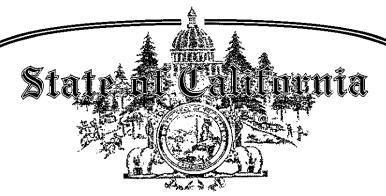
C1390094 TRACERTON ENTERPRISES. INC. P.O. BOX 512 CULYER CITY, CA 90232

96-143345

SACRAMENTO, CALIFI
MAR 25 1996

Bill Ones

	IN ANY OF THE INFO	REATION ON FILE-	PROCEED TO LINE 16	DO NOT WE	TE IN THIS SPACE				
THE CALIFORNIA CORPORATION NAMED HEREIN, MAKES THE FOLLOWING STATEMENT									
2 START ADDRESS OF PROCE PARTIES. 6101 WASHINGTON BLVD.	nt crout	#26# % 6	ZA com and st		28 no cook 90232				
'6101 WASHINGTON BLVD	sarrat signification	9004 NO		CITY, CA	38. zir cook 90232				
4 WE THE ADDRESS P.O. BOX 512		*034 40	CULVER	CITY, CA	360535				
THE NAMES OF THE FOLLOWING OFFICERS ARE:									
5 c-trescorne proces Timothy O. Gilmore	5A STREET ADDREST	ss oo wat use FO 30	. 58. city and st Culver C	ity, CA	五 <u>五</u> 2 10 cook				
Patrick D. Healy	6101 Washir	ngton_Blvd	Culver C	3+0 CA	90232				
7 cherrancal office Patrick D. Healv	7A STREET ADDRES	ss oo hor ust ro ho ngton Blvd.	Culver C	*11	590232 □ 590232				
INCUMBENT DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS Officers may also be directors. Must have one or more directors (Chap. 3, Sec. 301a, Corporations Code). Statements not listing directors will be rejected.									
8 Timothy O. Gilmore	BA STOTET ADDRE 6101 Washi	SS CO NOT USE # 0 CC	Culver C	ity, CA	90232				
Patrick D. Healy	94. STREET ADDRE	ss oo karuseen sa ngton Blvd.	<u>Culver C</u>	ity, CA	9C. zip coct 90232				
Jeffrey M. Gilmore	ICA, STREET ADDRE	ss da war use po da ngton Blvd.	Culver C	ity, CA	90232				
11 THE NUMBER OF VACANCIES ON	THE BOARD OF DIREC	TORS, IF ANY		i i i i i i i i i i i i i i i i i i i					
DESIGNATED AGENT FOR SERVICE OF PROCESS (Only one agent may be named and must reside in California.)									
Jerry Chiziver Rich	nman, Lawrence,	Mann, Green	and Chizever						
13. CALFORNIA STREET ADDRESS IF AGENT IS AN INDIVIDUAL DO NOT USE P.O. BOX'DO NOT INCIDUE ADDRESS IF AGENT IS A CORPORATION. 9601 Wilshire Blvd - Penthouse Beverly Hills, CA 90210-5270									
14. SESCRIBE TYPE OF BUSINESS OF THE C	CORPORATION NAMED IN IT	EM 1. Services - Jar	itorial Services						
15. I DECLARE THAT I HAVE EXAMINED THIS	S STATEMENT AND TO THE	BEST OF MY POWER	AND BELIEF, IT IS TRUE, C	C.E.O.	2-15-96				
Timothy O. Gilmon	FICER OR AGENT	SIGNAT	URE	TITLE	DATE				
15 DECLARE THERE HAS BEEN NO CHANGE IN THE INFORMATION CONTAINED IN THE LAST STATEMENT OF THE CORPORATION WHICH IS ON FILE IN THE SECRETARY OF STATES OFFICE, DOES NOT APPLY ON INITIAL FILING									
CHECK HERE TYPE OR PRINT NAME	OF SIGNING OFFICER OR	AGENT -	SIGNATURE	TITLE	DATE				



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the ______ day of _______,19 96

TRACERTON ENTERPRISES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

June 2, 1998

Billyones

Secretary of State

95 30089