

F 98000006186

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: JARCOM, 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:

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John A. Ruane

(Name of Person)

JARCOM, INC.

(Firm/Company)

P.O. Box 1662

(Address)

PONTE VEDRA BEACH, FL 32084-1662

(City/State/Zip)

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

JOHN A. RUANE

(Name of Person)

at (904) 285-0744

(Area Code & Daytime Telephone Number)

STREET 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HR 11/9

**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. JARCOM, 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. N.J. 3. 22-2613871
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-15-85 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-15-98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. BOX 1662
PONTE VEDRA BEACH, FL 32084
(Current mailing address)

8. MEDICAL EDUCATION PROJECTS AND PUBLISHING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: John A. Ruwane

Office Address: 302 QUAIL POINTE 1

PONTE VEDRA BEACH, Florida, 32082
(Zip code)

10. Registered agent's 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.

John A. Ruwane
(Registered 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.

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TALLAHASSEE, FLORIDA

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: JOHN A. RUVA NE

Address: 302 QUAIL POINTE 1
PONTE VEDRA BEACH, FL 32082

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box **NOT** acceptable)

President: JOHN A RUVA NE

Address: 302 QUAIL POINTE 1
PONTE VEDRA BEACH, FL 32082

Vice President: _____

Address: _____

Secretary: ANNE B. RUVA NE

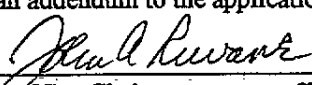
Address: 302 QUAIL POINTE 1
PONTE VEDRA BEACH, FL 32082

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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. JOHN A. RUVA NE

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

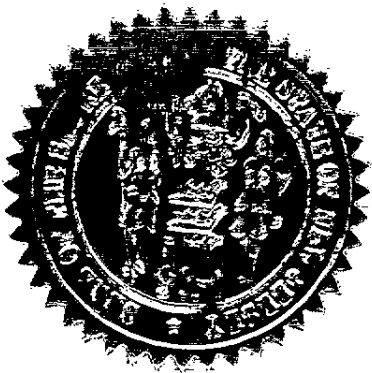
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF REINSTATEMENT - ANNUAL REPORTS

JARCOM, INC.
A DOMESTIC PROFIT CORPORATION

WHEREAS the above-named business entity did on the 20th day of October, 1998, satisfy all requirements for reinstatement as set forth in the laws of this State, I, the Treasurer of the State of New Jersey do hereby issue this certificate authorizing the same to continue its business and resume the exercise of its functions.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of October, 1998



A handwritten signature in dark ink, reading "James A. DiEleuterio, Jr." with a stylized flourish at the end.

James A DiEleuterio, Jr.
Treasurer