Audi 125 Sl Ste 19 Boca City/St	Requestor's Name  Address  Raton FJ 33432  Eate/Zip Phone #	20000300 4000026576948 -10/07/9801059003 *****78.50 *****78.50
CORPORATIO	ON NAME(S) & DOCUMENT N	UMBER(S), (if known):
2	Corporation Name)	(Document #)  (Document #)
4	Corporation Name)	(Document #)
□ Walk in □ Mail out	Pick up time Will wait Photocopy	
NEW STEINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/D	irector
Limited Liability Change of Registered Agent W98-29832		W18-22832
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	AL NOV 1 6 19981
	Trademark	Line 11.

Examiner's Initials

Other



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 7, 1998

AUDITRACK 125 SE MIZNER BLVD. SUITE 14 BOCA RATON, FL 33432

SUBJECT: ELDERS FUTURES. INC.

Ref. Number: W98000022832

We have received your document for ELDERS FUTURES, INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 698A00049914

## 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. Elders Futures, Inc.
1. Elders Futures, Toc.  (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. De Aware (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. 311198 5. Perpetual  (Date of Incorporation)  (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, F.S.)
7. 125 SE Migner Blud H14
BOCA PL 3343Z (Current mailing address)
_
8. Throlecing Broker  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: <u>Gene D. Jonney</u> Office Address: <u>125 SE Migner Blue</u> #14
Office Address: 125 SE Miznon Blue #14
BOCA RATON, Florida, 33432
10. Registered agent's acceptance: (Zip Code)
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further games to comply with the provisions

:d 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.

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.

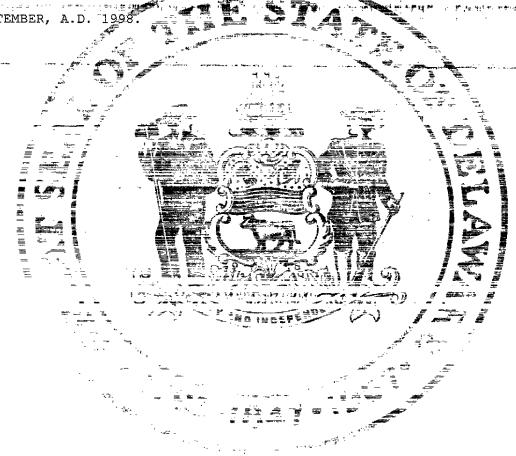
12. Names and addresses of officers and/or directors: (Street address **ONLY-** P. O. Box **NOT** acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Vice Chairman: Address: Director: Address: Director: Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) 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. airman, Vice Chairman, or any officer listed in number 12 of the application) (Signature of

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

## State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELDERS FUTURES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE AS OF THE TWENTY-FOURTH DAY OF



2872149 8300

981369666

9318766

AUTHENTICATION:

DATE: