

F98000006663

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SPECIALIZED PLANS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

7000002704217--8
-12/07/98--01043--001
*****70.00 *****70.00

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:

JOHN B. CHAPEL
(Name of Person)
SPECIALIZED PLANS, INC.
(Firm/Company)
1502 MAGNANOX WAY SUITE 200
(Address)
FORT WAYNE, IN 46804
(City/State/Zip)

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

JOHN B. CHAPEL at (219) 436-0500
(Name of Person) (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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 AM 9:45
1217

**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. SPECIALIZED PLANS, 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. INDIAN
(State or country under the law of which it is incorporated)
3. 35-1874936
(FEI number, if applicable)
4. January 6 1993
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. TO BE TRANSACTED: JANUARY 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1502 MAGNANX WAY, SUITE 200
FORT WAYNE, IN 46804
(Current mailing address)
8. THIRD PARTY ADMINISTRATOR OF EMPLOYEE BENEFITS
(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: ROBERT H. DeVORE
Office Address: 1800 2ND STREET, SUITE 780
SARASOTA, Florida, 34236
(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.

Robert H. DeVore
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 AM 9:14

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: ROBERT B. DEVORE

Address: 4728 COVINGTON ROAD
FT. WAYNE, IN 46804

Vice Chairman: JOHN B. CHAPEL

Address: 3519 S. WASHINGTON ROAD
FT. WAYNE, IN 46802

Director: NATALIE A. CHAPEL

Address: 3519 S. WASHINGTON ROAD
FT. WAYNE, IN 46802

Director: _____

Address: _____

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

President: JOHN B. CHAPEL

Address: 3519 S. WASHINGTON ROAD
FT. WAYNE, IN 46802

Vice President: ROBERT B. DEVORE

Address: 4728 COVINGTON ROAD
FT. WAYNE, IN 46804

Secretary/Treasurer: NATALIE A. CHAPEL

Address: 3519 S. WASHINGTON ROAD
FT. WAYNE, IN 46802

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN B. CHAPEL - PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

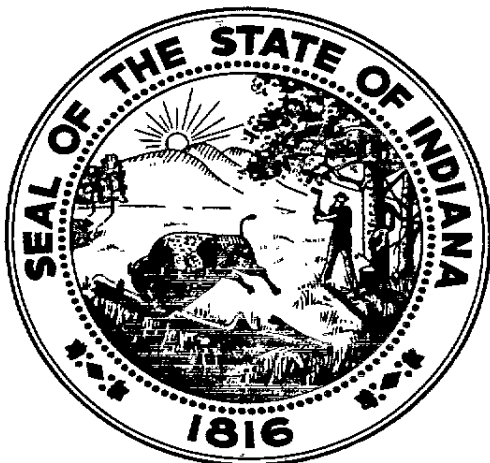
SPECIALIZED PLANS, INC.

filed Articles of Incorporation on January 06, 1993, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 AM 9:45

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Sixth day of November, 1998.



Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

Ja
Deputy