

F98000007016

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: THE XWEST GROUP, INCORPORATED
(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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-12/24/98--01023--004

*****78.75 *****78.75

EVONNE DIPIAZZA

(Name of Person)

THE XWEST GROUP, INCORPORATED

(Firm/Company)

11851 SW 38th STREET

(Address)

Ocala, Florida 34481

(City/State/Zip)

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

EVONNE DIPIAZZA at (352) 873-6281

(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

H2 12/28

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. THE X WEST GROUP, INCORPORATED
(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. PENNSYLVANIA 3. 25-1776671
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/1/96 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/2/99 (EXPECTED)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5100 SILVER SPRINGS BLVD, Suite 1000
OCALA, FLORIDA 34481
(Current mailing address)
8. GENERAL BUSINESS PURPOSES INCLUDING ENGINEERING and
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) MANAGEMENT + CONSULTING
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: EVONNE DiPIAZZA
- Office Address: 5100 SILVER SPRINGS BLVD Suite 1000
OCALA, FLORIDA, Florida, 34481
(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.

Evonne DiPiazza
(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.

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: RONALD P. DIPAZZA

Address: 11851 SW 38th STREET
OCALA, FLORIDA 34481

Vice President: EVONNE DIPAZZA

Address: 11851 SW 38th STREET
OCALA, FLORIDA 34481

Secretary: " "

Address: " "
" "

Treasurer: " "

Address: " "
" "

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

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

14. EVONNE DIPAZZA
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 17, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE XWEST GROUP, INCORPORATED

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

ACTING

Kim Ditzinger
Secretary of the Commonwealth

CFEN