To: Qualification/Tax Lien Section Division of Corporations		~
SUBJECT: Motor Carrier Forms, (Name of	Inc., a New To	ersey Corporation
Dear Sir or Madam: The enclosed "Application by Foreign Corporation" "Certificate of Existence", and check are submitted.	on for Authorization to Tra	-12/29/9801072002 *****70.00 **sact Business in Florida", renced foreign corporation to
transact business in Florida. Please return all correspondence concerning this	matter to the following:	W98-29171
Vincent Mariano (No Motor Carrier Fo (Fi	ame of Person)	8000027251687 -01/19/9801126002
2703 Industrial	Menue 2 (Address)	
Ft Pierce, F1 3	3 9 4 9 6 - 8 8 6 5 City/State/Zip)	F 65
Should you need to call someone concerning this Vincent Moriano Sc. at (S) (Name of Person)	•	JAN 25 AM 8: 02 Gelephone Number)
COURIER ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	MAILING ADD Qualification/Tax Division of Corpo P.O. Box 6327	Lien Section 1/25 orations

Tallahassee, FL 32314

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1998

.

VINCENT MARIANO SR. MOTOR CARRIER FORMS, INC. 2703 INDUSTRIAL AVENUE 2 FT PIERCE, FL 34946-8665

SUBJECT: MOTOR CARRIER FORMS, INC.

Ref. Number: W98000029171

We have received your document for MOTOR CARRIER FORMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$4715.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business co in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 098A00060957



Department of State

Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

January 21, 1999

RE:

Motor Carrier Forms, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1994 of \$715.00 and foreign non-qualified penalties for the same period of \$2000.00 assessed at the statutory minimum of \$500.00 per year and wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

DIVISION BE COMPORATIONS

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:

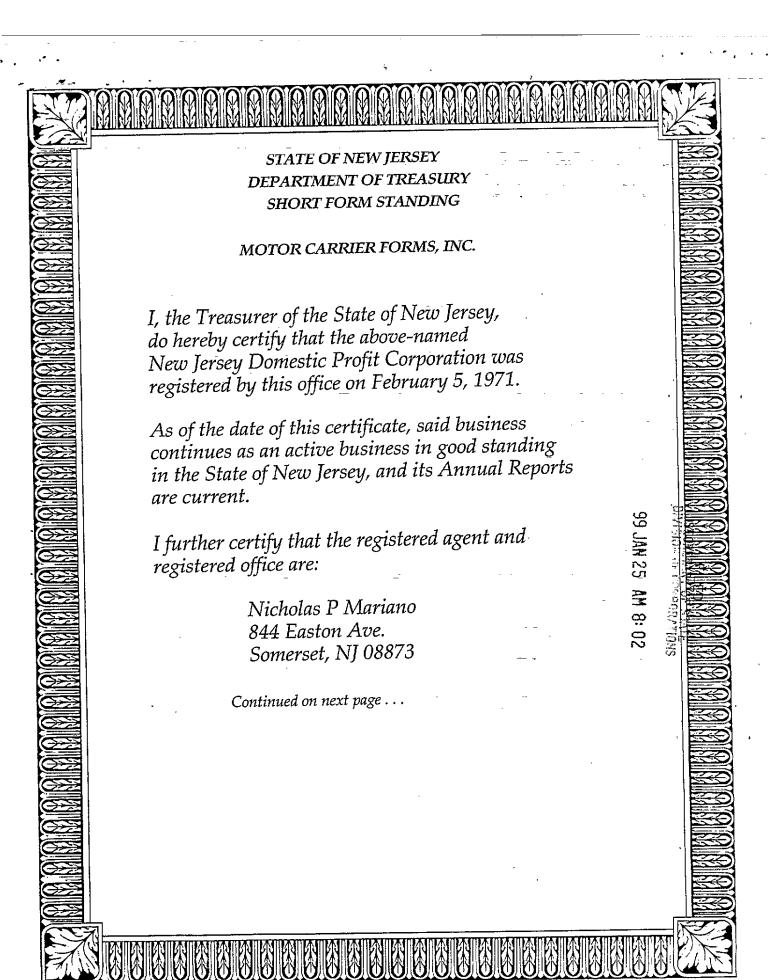
	·	-:.
1. Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		7
2. New Tersey, USA 3. 22-1940643 (State or country under the Yaw of which it is incorporated) (FEI number, if applicable)		-
4. O2-05-7) (Date of Incorporation) 5. Por Defu al (Duration: Year corp. will cease to exist or "perpetual")		
6. January 1 1994 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		
7. 2703 Industrial Ave. 2	望	
1. 2105 Industria VVC. Sq. 14 Pierce, FL 34946 (Current mailing address)	SECFETAR	
8. Business Forms distributor (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	FD STV	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOTE) acceptable)	THE SECTION OF THE SE	
Name: Vincent Mariano Sr.	· · · - •	
Office Address: 2703 Industrial Ave. 2		
Florida, 34946		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above sta	ated	

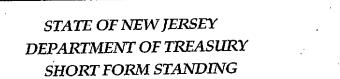
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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: Address: Director: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: 2 Vice President: <u>Jos</u> Address: Secretary: Josep Address: 2703 2 Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)





MOTOR CARRIER FORMS, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of December, 1998

James le Di Effection of

James A DiEleuterio, Jr.
Treasurer

99 JAN 25 AM 8: 02