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FLORIDA COMPLIANCE SPECIALISTS, INC.
DAVE TAYLOR, PRESIDENT

1331 East Lafayette Street, Suite C
Tallahassee, Florida 32301
Voice: (904) 942-5464 Fax: (904) 942-5111

99 FEB 12 PM 1:43

DIVISION OF CORPORATION

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Pure Performing Group of NJ, Inc.
(Corporation Name) (Document #)
2. fed ei 223251791
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in Pick up time _____
 Mail out Will wait Photocopy

Certified Copy
 Certificate of Status

99 FEB 12 PM 2:22
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****128.75 ****78.75

Examiner's Initials

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. Pure Performance Group of NJ, 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. NJ (State or country under the law of which it is incorporated) *3. 223251791 (FEI number, if applicable)

*4. 8/93 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

*6. Upon Qualification (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

*7. 18 N. Main St.

Daylstown, PA 18901 (Current mailing address)

*8. Mortgage Lender (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: David Pierucci

Office Address: 5906 Rio Royale Rd St Augustine, Florida, 32084 (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.

[Signature] (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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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 KNEE

Address: 490 ANDERSON AVE
CLOSTER, NJ 07624

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: ROBERT KNEE

Address: 490 ANDERSON AVE
CLOSTER, NJ 07624

Vice President: _____

Address: _____

Secretary: _____

Address: _____

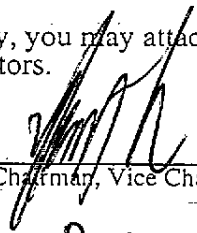
Treasurer: _____

Address: _____

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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. ROBERT KNEE, President

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PURE PERFORMANCE GROUP OF NEW JERSEY, INC.

With the Previous or Alternate Name

THE LOAN CENTER

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on August 30, 1993.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

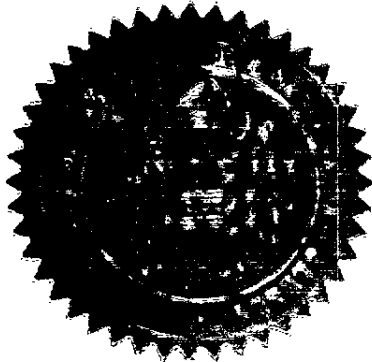
*Michael R. Gidro, Esq.
216 Egel Street
Tenafly, NJ 07670*

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PURE PERFORMANCE GROUP OF NEW JERSEY, INC.
With the Previous or Alternate Name
THE LOAN CENTER



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
9th day of February, 1999

James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer

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