

# F 99000004175

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: AUDREY KUNA & COMPANY, INC.  
(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: 700002953017--0

AUDREY KUNA (Name of Person)   
 -08/06/99-01078-018  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

AUDREY KUNA & COMPANY, INC. (Firm/Company)

37 MAIN ST. (Address)

CLINTON, NJ 08809 (City/State/Zip)

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

AUDREY KUNA (Name of Person) at ( 908 ) 713-1650 (Area Code & Daytime Telephone Number)

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99 AUG -6 PM 2:45

### 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

**AL1**

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. AUDREY KUNA & COMPANY, 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. NEW JERSEY (State or country under the law of which it is incorporated) 3. 22-349-7554 (FEI number, if applicable)

4. 9-25-96 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 1, 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 37 MAIN ST. CLINTON NJ 08809 (Current mailing address)

8. TRAINING AND COMPUTER-RELATED SERVICES (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: CHAD HOSTETLER Office Address: 316 PARK AVE NORTH, SUITE B WINTER PARK, Florida, 32789 (Zip code)

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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.

[Handwritten signature of Chad Hostetler] (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: AUDREY KUNA

Address: 143 BLACK BROOK RD  
HAMPTON, NJ 08827

Vice Chairman: SAME

Address: \_\_\_\_\_

Director: SAME

Address: \_\_\_\_\_

Director: SAME

Address: \_\_\_\_\_

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

President: SAME

Address: \_\_\_\_\_

Vice President: SAME

Address: \_\_\_\_\_

Secretary: SAME


Address: \_\_\_\_\_

Treasurer: SAME

Address: \_\_\_\_\_

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99 AUG - 6 PM 2:45

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. AUDREY M. KUNA CEO  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

AUDREY KUNA & COMPANY, INC.  
With the Previous or Alternate Name  
INTERACTIVE MINDS, INC.

*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 September 25, 1996.*

*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:*

Gary E Roth  
328 Park Ave  
Scotch Plains, NJ 07076

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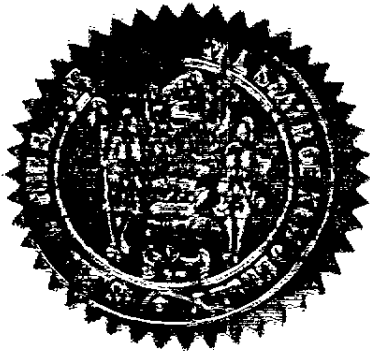
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

AUDREY KUNA & COMPANY, INC.  
With the Previous or Alternate Name  
INTERACTIVE MINDS, INC.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
16th day of July, 1999



*James A. DiEleuterio, Jr.*

James A DiEleuterio, Jr.  
Treasurer

99 AUG -6 PM 2:45

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