

F990000005307

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Richard W. Greco, C.P.A., P.C.
(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:

Richard W. Greco
(Name of Person)

Richard W. Greco, C.P.A., P.C.
(Firm/Company)

PMB 345, 36181 EAST LAKE ROAD
(Address)

PALM HARBOR, FL 34685
(City/State/Zip)

200003013802-6
-10/13/99-01058-005
*****87.50 *****87.50

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

Richard W. Greco at (727) 934-1030
(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

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

Richard Greco **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT date first transacted business
DATE 10-15-99 INFL
DOC. EXAM. JB

99 OCT 13 AM 9:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
10-15-99

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: RICHARD W. GRECO

Address: 4253 ELLINWOOD BLVD.

PALM HARBOR, FL 34685

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: RICHARD W. GRECO

Address: 4253 ELLINWOOD BLVD.

PALM HARBOR, FL 34685

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Richard W. Greco

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

14. RICHARD W. GRECO - PRESIDENT

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RICHARD W. GRECO, CPA, P.C.
With the Previous or Alternate Name
STRATEGIC MANAGEMENT SOLUTIONS

I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Professional Corporation was
registered by this office on September 17, 1998.

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:

Richard W Greco
160 Lawr Penn Rd 16-160
Lawrenceville, NJ 08648

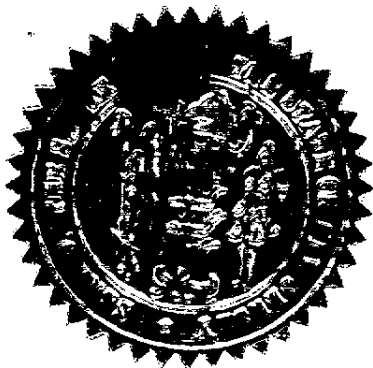
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RICHARD W. GRECO, CPA, P.C.
With the Previous or Alternate Name
STRATEGIC MANAGEMENT SOLUTIONS

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
5th day of October, 1999



Roland M Machold

Roland M Machold
Treasurer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA