

ACCOUNT NO. : _ 072100000032

REFERENCE

AUTHORIZATION

ORDER DATE: December 10, 1999

COST LIMIT

ORDER TIME: 11:25 AM

ORDER NO. : 511219-005

CUSTOMER NO: 4336896

200003068012--6

CUSTOMER: Ms. Amy E. Schultz

Thaler & Thaler 700 N. Olive Ave.

West Palm Beach, FL 33401

FOREIGN FILINGS

NAME:

BETTY ANN RULE MANAGEMENT,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRABSACE 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.

(Name of corpo	J PULE MANAGEMENT, INC. ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or viations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)	
2. PELAWA (State or country	2E 2 under the law of which it is incorporated) 3. PENDING (FEI number, if applicable)	
	5. PERPETIAL (Duration: Year corp. will cease to exist or "perpetual")	
6. UPAN QUALIFICATION (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 700 NORTH OLIVE AVENUE		
ela, as	(Current mailing address) (Current mailing address) (S) of corporation authorized in home state or country to be carried out in state of Florida)	
3.7	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) MANLET H.THALET	
Office Address:	700 NORTH OLIVE AVENUE WEST PALM BEACH , Florida, 33401 (Zip code)	
	agent's acceptance:	
this application. I	ed as registered agent and to accept service of process for the above stated corporation at the place designated in hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept	

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.

the obligations of my position as registered agent.

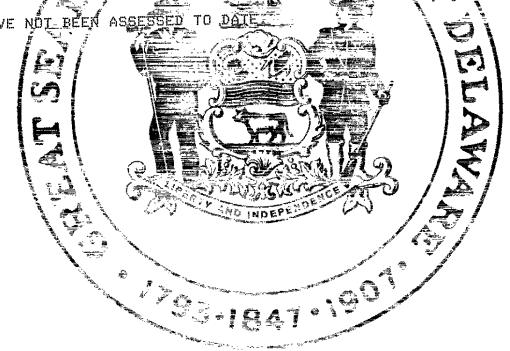
A. DIRECTORS (Street address only - P.O. Box NOT acceptab	ile)
Chairman:	
Address:	
	9 80
Vice Chairman:	9. 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Address:	•
Director:	_
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT accept	otable)
President: LAWRENCE RULE	
Address: 222 LAKEVIEW AVENUE, SUITE 160-	304
WEST PALM BEACH, ROLIDA 334	
Vice President:	
Address:	
Secretary:	
Address:	<u> </u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	an lighting additional officers and/or directors
13. Note: In necessary, you may attach an acceptation to the appropriate	- additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any off	ficer listed in number 12 of the application)
14 LAWRENCE RULE	

State of Delaware Office of the Secretary of State

PAGEZ A

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETTY ANN RULE MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES





Edward J. Freel, Secretary of State

AUTHENTICATION:

0131272

DATE:

12-10-99