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Thomas W. Steelman
17331 EAST 40 HWY, SUITE 101A
INDEPENDENCE, MO 64055

Phone 816-350-9200
Fax 816-350-9205

July 26, 2000

Florida Secretary of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

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-07/31/00--01132--008
*****70.00 *****70.00

Dear Sir:

I am submitting Articles of Incorporation for your consideration for ENCOMPASS
MARKETING & MANAGEMENT, INC. Please return processed copy to:

Thomas W. Steelman
17331 East 40 Hwy Suite 101A
Independence, MO 64055

Thank you,

Thomas W. Steelman
President, A&T, INC.

RECEIVED
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Encompass Marketing & Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6430 River Rd., New Smyrna Beach, FL 32169

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Craig S. Neal

6430 River Rd, New Smyrna Beach, FL 32169

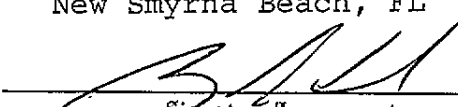
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Craig S. Neal

6430 River Rd.

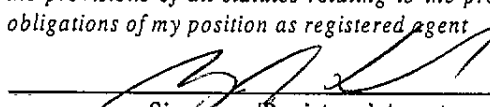
New Smyrna Beach, FL 32169


Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating 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


Date

STATE OF FLORIDA
TALLAHASSEE

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