P960000099760

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT: STEVE COAN SAILPIANE A EROBATICS, CORP. (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee & Certificate Filing Fee, Certified Copy & Certificate Filing Fee & Certified Copy Additional Copy Required FROM: Name (printed or typed) 31000 Address 4702AST2 City, State & Zip 700001700287 -01/29/96--01057--016 ******78.75 *****78.75 Daytime Telephone number

JAN 3 1 19951

NOTE: Please provide the original and one copy of the articles.



25 JY 29 FM 1:43

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STEVE COAN SHILL-LARE ARTSOSATICS, CORD.

ARTICLE II PRINCIPAL OFFICE

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

7760 SADDLE CTEEK-TERIL SATEASOTA, FLORIDA 34241

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEUS COAN

7760 SAMAIS CREEK TRAIL

34241

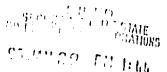
ARTICLE V INCORPORATOR(S)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 Ce day of SANNARY, 19 900.
Signature Signature
Signature
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE Common 20



PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	STEVE COAN SPIKELANE
		ASTROSETTICS CORP.
2.	The name and address of the registered agent and office is:	

7760 SADOLE TEEKTERILE)

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

CITY/STATE/ZIP)

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) (DATE) /26/36