

4/22/96

FLORIDA DIVISION OF CORPORATIONS

3:05 PM

((H96000005648)) PUBLIC ACCESS SYSTEM
TO: DISTRICT OF CORPORACTIONS FROM ACT INDUSTRIES, INC.

STATE OF FLORIDA
90 EAST PALM BLVD
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7832

((H96000005648)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: SUN COAST PROFESSIONAL SERVICES, INC.
FAX AUDIT NUMBER: H96000005648
DATE REQUESTED: 04/22/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: \$70.00

CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:02:58

LMRIPILWIE OF STATUS: 0

METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 07074001530

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000005648))

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Menu: <Ctrl R-Shift>

2400 7E1

VT100

Online

4/23/96

4/23/96
Report to P.A.

FILED
66 APR 24 PM 1:05
SECRET
FBI/DOJ

04/23/88 13:22 Fl. Dept. of State pl 71



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 23, 1996

ACE INDUSTRIES, INC.

MIAMI, FL

SUBJECT: SUN COAST PROFESSIONAL SERVICES, INC.
REF: W96000008707

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

PLEASE RE-FAX 1ST PAGE OF ARTICLES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loris Poole
Corporate Specialist

FAX Aud. #: H96000005648
Letter Number: 496A00019029

H96-05648

FILED
1996
APR 24
11:00 AM
CLERK**ARTICLES OF INCORPORATION**

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

EFFECTIVE DATE
4-22-96**ARTICLE I NAME**

The name of the corporation shall be: Sun Coast Professional Services, Inc.

ARTICLE II OFFICE

The principal place of business and mailing address of this corporation shall be: 120 East Oakland Park Blvd. Suite 105
Fort Lauderdale, FL 33334

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100).

ARTICLE IV REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Annette Marie Wrubleski
120 East Oakland Park Blvd. Suite 105
Fort Lauderdale, FL 33334

ARTICLE V INCORPORATOR

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

217 NW 78th Terrace
Margate, FL 33063

ARTICLE VI EFFECTIVE DATE AND TIME

This corporation shall become effective on April 22, 1996 at 12:01 A.M..

H96-05648
ACE INDUSTRIES, INC.
64 NW 11th Street
Miami, FL 33136
805-550-2071

H96-05648

P. 04

The undersigned incorporator has executed these Articles of
Incorporation this 22nd day of April, 1996.


Signature

H96-05648

H96-05648

P. 03

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
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 Sun Coast Professional Services,
Incorporated.
2. The name and address of the registered agent and office is:

Annette Marie Wrubleski
120 East Oakland Park Blvd. Suite 105
Fort Lauderdale, FL 33334

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

FILED
56 APR 26 PM 1:00
TALLAHASSEE
STATE OF FLORIDA

H96-05648