

P960000 48110

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

No 52810

RE: Co-An, Inc.

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

W96-11937
502 634

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		

Art. of Amend. File		
Dissolution/Withdrawal		
C U S-	600001851866	
	-06/05/96--11068--003	
Fictitious Name File	****122.50	****122.50

Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		

Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		

UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX ()		pgs.

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

JUN 6 1996

Please remit Invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	6/5		
TIME	10.00		CK No. _____
BY	37		

WALK-IN
Will Pick Up _____



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 5, 1996

CAPITAL CONNECTION, INC.
P O BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: CO-AN, INC.
Ref. Number: W96000011933

We have received your document for CO-AN, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 996A00028115

RECEIVED
96 JUN -6 AM 9:51
DIVISION OF CORPORATIONS

*Corrected
Thank you*

ARTICLES OF INCORPORATION
OF
COAN, INC.

FILED
96 JUN -6 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO THE SECRETARY OF THE STATE OF FLORIDA:

I, the undersigned, acting as incorporator of a corporation under Chapter 607, 1996 Code of Florida, as amended, adopt the following Articles of Incorporation for such corporation:

ARTICLE I.

The name of the corporation is COAN, INC.

ARTICLE II.

The purpose which the corporation is authorized to pursue is, or includes, the transaction of any or all lawful business for which a corporation may be incorporated under the laws of the State of Florida.

ARTICLE III.

The aggregate number of shares which the corporation has the authority to issue is 500,000 shares of common stock with a par value of One Dollar (\$1.00) per share.

ARTICLE IV.

Principal Office

The address of the initial registered office of the corporation in the County of Lee, is 6601 Southwell Drive, Brookshire, Ft. Myers, FL 33912, and the name of the initial registered agent at such address is Connie Romoser.

ARTICLE V.

The number of directors constituting the initial board of directors of the corporation is two, and the names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and shall qualify are:

Connie Romoser
6601 Southwell Drive
Brookshire
Ft. Myers, FL 33912

John Romoser
6601 Southwell Drive
Brookshire
Ft. Myers, FL 33912

ARTICLE VI.

The name and address of the incorporator is:

Robert K. Clements
110 North Market Street
Oskaloosa, IA 52577

ARTICLE VII.

The private property of the shareholders shall be forever exempt from corporate debts and liabilities.

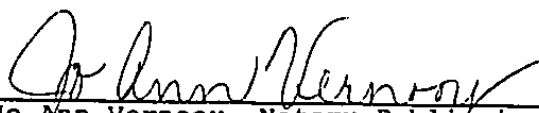
INCORPORATOR:


Robert K. Clements

STATE OF IOWA)
) SS.
COUNTY OF MAHASKA)

Be it remembered on this 28th day of May, 1996, before me, a Notary Public in and for the State of Iowa, personally appeared Robert K. Clements, the above-named incorporator, said person to me personally known to be the identical person whose name is subscribed in the foregoing Articles of Incorporation, and for himself acknowledged the execution of said Articles of Incorporation to be his free and voluntary act and deed for uses and purposes therein expressed.

WITNESS my hand and notarial seal at Oskaloosa, in the County of Mahaska, State of Iowa, on the day and year last above written.


Jo Ann Vernooy, Notary Public in and for
the State of Iowa

My commission expires 1/15/97

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

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:

COAN, INC.

2. The name and address of the registered agent and office is:

CONNIE ROMOSER
(NAME)

6601 SOUTHWELL DRIVE
BROOKSHIRE

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

FL. MYERS, FL. 33912
(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.

Connie L. Romoser
(SIGNATURE)

6-1-96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
96 JUN -6 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA