

P960000 54717

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

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: _____

<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s _____ Copies _____		
<input type="checkbox"/> Courier Service _____		
<input type="checkbox"/> Shipping/Handling _____		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority _____		
<input type="checkbox"/> Express Mail Prop. _____		
<input type="checkbox"/> FAX () _____ pgs. _____		
SUBTOTALS _____		

C.C. FEE. DISBURSED

400001877834
 -06/27/96-01039-006-
 ****122.50-****122.50-

P. CHAMBER

JUN 27 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN Will Pick Up 6/27 12:00

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

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

**ARTICLES OF INCORPORATION
OF
HABE, INC.**

ARTICLE I. CORPORATION NAME

The name of this corporation is:

HABE, INC.

5400 Pine Island Rd., Ste. B

Bokeelia, Florida 33922

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock with a par value of \$1.00 per share.

ARTICLE IV. TERM OF EXISTENCE

This Corporation shall have perpetual existence commencing upon issuance of the certificate of incorporation from the Secretary of State.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

CHRIS G. McEWAN

5400 Pine Island Rd., Ste. B

Bokeelia, Florida 33922

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by By Laws adopted by the stockholders,

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but shall never be less than one.

ARTICLE VII. INITIAL DIRECTORS

The name of the initial director of this Corporation and his street address is:

WILBUR W. BEALL, JR.

5400 Pine Island Rd., Ste. B

Bokoolia, Florida 33922

The person named as initial director shall hold office for the first year of existence of this Corporation or until his successor is elected or appointed and has qualified, whichever occurs first.

ARTICLE VIII. INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

WILBUR W. BEALL, JR.

5400 Pine Island Rd., Ste. B

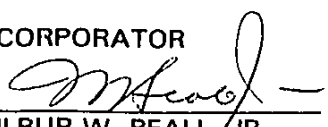
Bokeelia, Florida 33922

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on 18 day of JUNE, 1996

INCORPORATOR


WILBUR W. BEALL, JR.

BEFORE ME, a Notary Public, personally appeared
WILBUR W. BEALL, JR. to me known to be the person described as Incorporator or
who has produced his drivers licenses as identification and who executed the
foregoing Articles of Incorporation, and acknowledged before me that he subscribed
to these Articles of Incorporation on June 18, 1996.

My Commission expires:

DETTY JALIL
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JAN. 28, 1997

Detty Jalil
Notary Public

I hereby am familiar with and accept the duties and responsibilities as registered agent
for HADE, INC.

Chris G. McEwan
CHRIS G. McEWAN

Registered Agent

BEFORE ME, a Notary Public, personally appeared CHRIS G. McEWAN to me known
to be the person described as Registered Agent or who has produced his drivers
license as identification and who executed the foregoing instrument and he
acknowledged before me that he executed the same.

WITNESS my hand and official seal this JUNE 19, 1996.

Wendy M. Mattson

Notary Public

My Commission expires:



WENDY M MATTSON
My Commission CC207183
Expires Jul. 11, 1997
Bonded by HAI
800-422-1855