

P96 0000 59072

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 \$ _____

F. CHESSER JUL 15 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/15/96	_____	_____
TIME	11:20	_____	CK No. _____
BY	CD	_____	_____

WALK-IN
 Will Pick Up _____

RE: Trop. Comp, Inc. No 52602

_____ Capital Express™	_____	DISBURSED
<input checked="" type="checkbox"/> Art. of Inc. File	_____	FILED
_____ Corp. Record Search	_____	
_____ Ltd. Partnership File	_____	
_____ Foreign Corp. File	_____	
<input checked="" type="checkbox"/> () Cert. Copy(s)	_____	
_____ Art. of Amend. File	_____	
_____ Dissolution/Withdrawal	_____	
_____ C U S -	200001893242	
_____ Fictitious Name File	-07/15/96--01017--011	
_____ Name Reservation	****122.50 ****122.50	
_____ 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	_____	

FILED
 JUL 15 1996
 2:21 PM
 TALLAHASSEE, FL

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

FILED
 JUL 15 1996
 11:51 AM
 TALLAHASSEE, FL

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

Tropicomp, Inc.

FILED
95 JUL 15 PM 2:21
TALLAHASSEE, FLORIDA

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 is **Tropicomp, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. BOX 177, ISLAMORADA, FLA 33036.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is George Allen, 202 Gulfview Dr., Islamorada, FL 33036.

ARTICLE V: INCORPORATOR

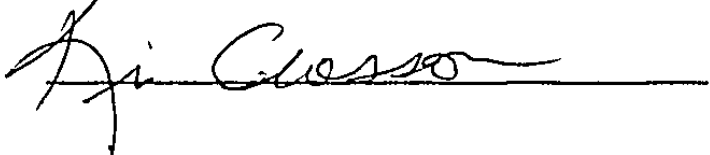
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is George Allen, 202 GulfView Dr., Islamorada, FLA 33036.

The undersigned has executed these Articles of Incorporation this 15th day of July 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A handwritten signature in cursive script, appearing to read "Kim Crosson", is written over a solid horizontal line.

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Tropicomp, Inc.

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

202 GULFVIEW DR

ISLAMORADA FL 33036

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96 JUL 15 PM 2:21
TALLAHASSEE, FLORIDA

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.

George Allen