

996 0000 61596

CAPITAL CONNECTION, INC.

52602

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

RE: 18 WKCF INC. MLD

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 \$ _____

	C.O. FEE	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Statement		
<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 Filing		
<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.O. FEE, DISBURSED

56 JUL 23 PM 2:32
 FILED
 RECEIVED
 8000063001538
 -07/23/96-07/22/96
 ****140.00 ****70.00

F. CHESNEY JUL 23 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/23/96		
TIME	1:15		CK No. _____
BY	CD		

WALK-IN
 Will Pick Up _____

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

56 JUL 23 PM 2:32
 RECEIVED
 DIVISION OF CORPORATE REGISTRATION

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
18 WKCF INC.

FILED
95 JUL 23 PM 2:55
TALLAHASSEE, FLA

ONE: The name of the corporation is: **18 WKCF INC.**

TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Florida, other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida.

THREE: The name and address in this State of the Corporation's initial agent for service of process is: **Bob Bennett , 224 Arlington Ave., Daytona Beach, Florida, 32114.**

FOUR: This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is **One-Million shares.**

FIVE: The names and addresses of the persons who are appointed to act as the initial directors of the corporation are:

NAME:

ADDRESS:

Bob Bennett (President and CEO) 224 Arlington Ave., Daytona Beach, Florida, 32114

SIX: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent possible under the laws of the State of Florida.

SEVEN: The corporation is authorized to indemnify the directors and the officers of the corporation to the fullest extent permissible under the laws of the State of Florida.

EIGHT: The principal office shall be: **224 Arlington Ave., Daytona Beach, Florida 32114.**

NINE: The undersigned incorporator(s) has (have) executed these Articles of Incorporation this **19th day of July, 1996.**

Bob Bennett Pres, CEO, 18-WKCF INC.

Signature

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 FLORIDA.

1. The name of the corporation is: 18 LANCE INC

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

ROB BENNETT
Name

224 ARLINGTON AVE
Address

DAYTONA BEACH FL.
City/State/Zip

FILED
TALLAHASSEE, FLORIDA

56 JUL 23 PM 2:51

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.

Rob Bennett
Signature

7/18/96
Date