

797000033761

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

RE: National Leads Services
INC.

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 \$ _____

FILED
 97 APR 15 AM 10:54
 SECRETARY OF STATE
 TALLAHASSEE, FL 32302

	C.C. FEE.	DISBURSED
<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	***122.50	***122.50
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate KII		
<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		

300002143465-4
 -04/15/97-01036-019

K.R. APR 15 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4-15-97		
TIME	9:06		CK No. _____
BY	DK		

WALK-IN Will Pick Up _____

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

RECEIVED
 97 APR 15 AM 10:21
 DIVISION OF CORPORATION

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, 10% per Annum.

THANK YOU
 from
 Your Capital Connection

Articles of Incorporation

of

National Leads Services, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I Name

The name of the corporation will be:

National Leads Services, Inc.

Article II Principal Office

The principal place of business and mailing address of this corporation will be:

576414 Arbor Club Way
Boca Raton, Florida 33433

Article III Capital Stock

The number of shares of stock that this corporation is authorized to have at any time is:

1,000,000 shares of the par value of \$1.00 each.

Article IV Initial Registered Agent

The name and address of the initial registered agent is:

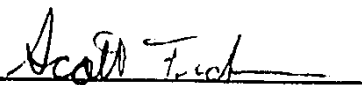
Scott Frohman
576414 Arbor Club Way
Boca Raton, Florida 33433

Article V Incorporator

The name and street address of the incorporator of these Articles of Incorporation is:

Scott Frohman
576414 Arbor Club Way
Boca Raton, Florida 33433

The undersigned has executed these Articles of Incorporation this fourteenth day of April 1997.


Scott Frohman, Incorporator.

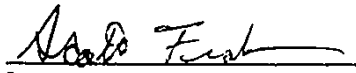
**Certificate of Designation
Registered Agent/Registered Office**

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 agent/registered office, in the State of Florida.

1. The name of the corporation is: National Leads Services, Inc.
 576414 Arbor Club Way
 Boca Raton, Florida 33433

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

Scott Frohman
576414 Arbor Club Way
Boca Raton, Florida 33433


Incorporator

April 14, 1997

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Registered Agent

April 14, 1997

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA