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<u> </u>	Address	SECALIAN OF STATE TALLARM SEE FLORIDA
City/State/2	Zip Phone#	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUM	IBER(S), (if known):
1. <u>HTMP</u>	The oration Name) (De	ocument #)
		ocument #)
2		·
(Согр	oration Name) (De	ocuraent #)
. 4. <u>(Corp</u>	poration Name) (D	ocument #)
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· Walk in	Pick up time	Certified Copy
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	Will wait Photocopy	Certificate of Status
ONEW FILINGS	Will wait Photocopy AMENDMENTS	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit	Will wait Photocopy AMENDMENTS Amendment	Certificate of Status 700002221657
Profit NonProfit	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability	AMENDMENTS Amendment Resignation of R.A., Officer/ Director of Registered Agent	Certificate of Status 7000022216579-06/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Director of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ AQUALIFICATION	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/ Direction Change of Registered Agent Dissolution/Withdrawal Merger PREGISTRATION/ Foreign	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS. Annual Report	AMENDMENTS Amendment Resignation of R.A., Officer/ Direction Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ Foreign Limited Partnership	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Direction Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION Foreign Limited Partnership Reinstatement	Certificate of Status 70000222165706/24/9701069023 *****798.00 ******70.00
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Direction Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ Foreign Limited Partnership	Certificate of Status 7000022216579-06/24/9701069023 *****798.00 ******70.00

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CR2E031(1/95)



OF

HTMP, INC.

- 1. The name of the corporation is HTMP, Inc. (the "Corporation").
- The street address and the mailing address of the initial principal office of the
 Corporation is 6401 Congress Avenue, Suite 110, Boca Raton, Florida 33487.
- 3. The Corporation shall have the authority to issue 100 shares of common stock, par value \$.01 per share.
- 4. The name and street address of the initial registered agent of the Corporation is Scott Adams, 6401 Congress Avenue, Suite 110, Boca Raton, Florida 33487.
- 5. The name and address of the incorporator is Kim A. Prine, Steel Hector & Davis LLP, 1900 Phillips Point West, 777 South Flagler Drive, West Palm Beach, FL 33401-6198.

Dated: June 17, 1997

Kim A. Prine, Incorporator

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF THE 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 HTMP, Inc.
- 2. The name and address of the registered agent and office is

Scott Adams 6401 Congress Avenue Suite 110 Boca Raton, Florida 33487

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.

Dated: June 17, 1997

Scott Adams

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