FLORIDA DIVISION OF CORPORATIONS

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CONTACT: AL CLARK

PHONE: (813)393-1766

FAX #:

(813) 528-7222

NAME: ANCHOR MANAGEMENT .

OF PINE//AS INC.

AUDIT NUMBER...... H97000011249

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...

PAGES..... 3

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July 21, 1997

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Doris McDuffie Corporate Specialist Supervisor FAX Aud. #: H97000011249 Letter Number: 797A00036984

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

4970000 11249

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adupt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

ANCHOR MANAGEMENT OF PING I'MS INC.

ARTICLE II PRINCIPAL OFFICE

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

8440 ULMERTON ROAD **SUITE 522.**

ARTICLE III SHARES

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: DAVID MELTON

Address: 1986 BROOKSTONE WAY CLEARWATER FL 34620

Ph#: 813-581-7774

Accounting & Tax Help, INC. 8668 PARK BLVD Suite.A SEMINOLE, Florida 33777

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ARTICLE V INCORPORATOR(S)
See instructions for officere/directors The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): DAVID MELTON 1986 BROOKSTONE WAY **CLEARWATER FL 34620**

The undersigned i	incorporator(s) has (have) e	xecuted these Articles of Incorporation thi
/9_day	of JULY	19 <u>97</u>
(An additional	article must be added if an	effective date is requested.)

Signature

Notarization is not required

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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 OFFICE/REG

The name of the composition is: ANCHOR MANAGEMENT

	Pinglas Idc.	
		97 AA
2. TI	ne name and address of the registered agent and office is:	JUL 22 PI LILAHASSEE
	Accounting & Tax Help. INC. (Name)	H L: 15

8668PARK BLVD. Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip)

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.

Signature) 7-21-97

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAMASSEE, FL

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