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98 FEB 17 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

700002433077--4
-02/17/98--01076--001
*****70.00 *****70.00

SUBJECT: OLSON COMPUTER SERVICES, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$70.00

FROM: NAME: _____ OLSON COMPUTER SERVICES, INC
ADDRESS: _____ 7 BROOKSIDE CIRCLE
CITY: _____ ORMOND BEACH
STATE: _____ FLORIDA
TELEPHONE: _____ (904)615-1638

P. Hall FEB 18 1998

ARTICLES OF INCORPORATION OF

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OLSON COMPUTER SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

OLSON COMPUTER SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

7 BROOKSIDE CIRCLE

ORMOND BEACH, FL 32174

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS

1000, NO PAR

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

LAWRENCE W OLSON

7 BROOKSIDE CIRCLE

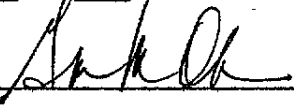
ORMOND BEACH, FL 32174

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS (ARE):

GWEN M OLSON
7 BROOKSIDE CIRCLE
ORMOND BEACH, FL 32174

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THE 13TH DAY OF
FEBRUARY 1998.

SIGNATURE: 

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____

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CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
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:

OLSON COMPUTER SERVICES, INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

NAME: _____ LAWRENCE W. OLSON

ADDRESS: _____ 7 BROOKSIDE CIRCLE

CITY/STATE: _____ ORMOND BEACH, FL 32174

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: _____

Lawrence W. Olson

DATE: _____

12 Feb 98