

F98000004485

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: S4J MANUFACTURING SERVICES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

100002609631--E
-08/06/98-01072-001
*****70.00 *****70.00

Please return all correspondence concerning this matter to the following:

MR. DOUGLAS GYURE
(Name of Person)
S4J MANUFACTURING SERVICES, INC.
(Firm/Company)
374 REMSEN AVENUE
(Address)
NEW BRUNSWICK, NJ 08901-3150
(City/State/Zip)

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98 AUG -6 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Should you need to call someone concerning this matter, please call:

DOUGLAS GYURE at (732) 828-8788
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. S4J MANUFACTURING SERVICES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY 3. 22-1982122
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 28, 1972 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. AUGUST 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 374 REMSEN AVENUE
NEW BRUNSWICK, NJ 08901-3150
(Current mailing address)
8. MANUFACTURING OF MEDICAL DEVICES.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: STEVEN E. GYURE
- Office Address: 424 SW 39TH AVENUE
CAPE CORAL, Florida, 33991
(Zip code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. *ll*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: STEVEN E. GYURE

Address: 424 SW 39TH AVENUE

CAPE CORAL, FL 33991

Vice President: DOUGLAS GYURE

Address: 374 REMSEN AVENUE

NEW BRUNSWICK, NJ 08901-3150

Secretary: CHRISTINE UGI

Address: 374 REMSEN AVENUE

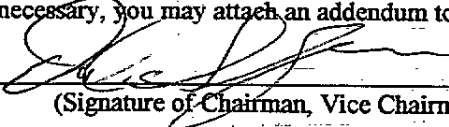
NEW BRUNSWICK, NJ 08901-3150

Treasurer: DOUGLAS GYURE

Address: 374 REMSEN AVENUE

NEW BRUNSWICK, NJ 08901-3150

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  UP

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DOUGLAS GYURE VICE PRESIDENT

(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

S4J MANUFACTURING SERVICES INCORPORATED

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on December 28, 1972.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

Steven E Gyure
374 Remsen Avenue
New Brunswick, N.J., NJ 08902

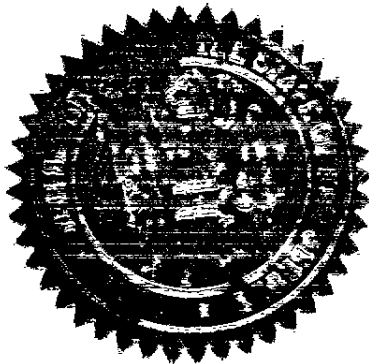
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

S4J MANUFACTURING SERVICES INCORPORATED

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
22nd day of July, 1998



James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA