

F9500002127

CAPITAL CONNECTION, INC.
 417 E. Virginia Street, Suite 1, Tallahassee, FL 32301 (904) 224-1222
 Mailing Address: Post Office Box 70129, Tallahassee, FL 32302
 TOLL FREE NUMBER 1-800-421-2262
 FAX (904) 222-1222

Eastern Casualty Management Co.

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 \$ _____

W95-9128

	C.C. FEE.	DISBURSED
☐ Capital Express™		
☒ Art. of Inc. File		
☐ Corp. Record Search		
☐ Ltd. Partnership File		
☐ Foreign Corp. File		
☒ Cert. Copy(s) <i>Photo Copy</i>	300001473233	
	-05/03/95-01077-001	
	*****70.00 *****70.00	
☐ Art. of Amend. File		
☐ Dissolution/Withdrawal		
☐ C U S		
☐ Fictitious Name File	300001473233	
	-05/03/95-01077-002	
	*****700.00 *****700.00	
☐ Name Reservation		
☐ Annual Report/Reinstatement		
☐ Reg. Agent Service		
☐ Document Filing		
☐ Corporate Kill		
☐ Vehicle Search		
☐ Driving Record		
☐ Document Retrieval		
☐ UCC 1 or 3 File		
☐ UCC 11 Search		
☐ UCC 11 Retrieval		
☐ File No.'s _____ Copies _____		
☐ Courier Service		
☐ Shipping/Handling		
☐ Phone () _____		
☐ Top Priority		
☐ Express Mail Prep.		
☐ FAX () _____ pgs. _____		
SUBTOTALS _____		

RECEIVED
 MAY 11 PM 1:37
 DIVISION OF CORPORATIONS
 SECRETARY OF STATE
 FILED

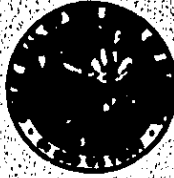
REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<i>SW</i>	_____	_____

WALK-IN *51*
 WIN Pick Up _____

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

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, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 1, 1995

**CAPITAL CONNECTION, INC.
WALK-IN**

SUBJECT: EUROPA CASINO MANAGEMENT CORPORATION
Ref. Number: W95000009128

Although you submitted a check for the penalty due, you did not submit payment for the \$70.00 filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 795A00020524

Corrected

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DIVISION OF CORPORATIONS

APPLICATION BY A FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH FSA § 607.1503, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE
OF FLORIDA:

1. Name of Corporation [IF NOT ALREADY CONTAINED IN THE NAME,
ADD ONE OF THE FOLLOWING WORDS: "INCORPORATED," "COMPANY,"
OR "CORPORATION," OR THE ABBREVIATIONS "CORP.," "INC." OR
"CO.," OR WORDS OF LIKE IMPORT IN LANGUAGE THAT WILL CLEARLY
INDICATE THAT IT IS A CORPORATION INSTEAD OF A NATURAL
PERSON OR PARTNERSHIP]:

EUROPA CASINO MANAGEMENT CORPORATION *N*

2. The (state)(country) under whose laws the corporation is
incorporated:

DELAWARE

3. FEI number, if applicable: 59-3295369

4. Date of incorporation in the domiciliary (state)(country):
10-10-94 - DELAWARE - USA

5. Duration: perpetuity

6. Date first transacted business in Florida [SEE FSA §§
607.1501, 607.1502 and 817.155]: 10-10-94

7. Current mailing address: 150-153rd Ave. Suite 200
Madeira Beach, FL 33708

8. Purpose(s) of corporation authorized in home state or
country to be carried out in the state of Florida:

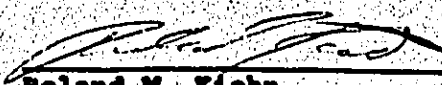
promotion/operation of passenger cruises

9. Name and street address of Florida registered agent:

Roland W. Kiehn, Esq.
Barron, Redding, Hughes, Fite, Bassett & Fensom, P.A.
220 McKenzie Avenue
Panama City, Florida 32401

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DIVISION OF CORPORATIONS
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10. Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.


Roland W. Kiehn
Registered Agent

11. Attached hereto is a certificate of existence (or document of similar import) duly authenticated by the secretary of state or other official having custody of corporate records in the state or country under whose laws the corporation is incorporated.
12. The names and addresses of each of the corporation's directors are as follows:

Name of Directors:

Specific Address:

Deborah Vitale, Chairman 1013 Princess St. Alexandria, VA 22314
Ernst Walter 150-153rd Ave Suite 204B Madeira Beach FL 33708
Stephen Turner 8245 Boone Blvd Suite 704 Vienna VA 22182
Lester Bullock 150-153rd Ave Suite 200, Madeira Beach, FL 33708

13. The names and addresses of each of the corporation's officers are as follows:

Name & Title of Officers:

Specific Address:

Lester Bullock, President 190-153rd Ave, Suite 200, Madeira Beach
Deborah Vidale, Secretary 1013 Princess St Alexandria VA 22314
Charles Klein, Treasurer 150-153rd Ave Suite 200
 Madeira Beach FL 33708

Date: April 28, 1995

EUROPA CASINO MANAGEMENT CORP.

Lester E. Bullock, President

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROPA CASINO MANAGEMENT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel, Secretary of State

2441452 8300

950093215

AUTHENTICATION:

7487587

DATE:

04-27-95