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DIVISION OF CORPORATIONS

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

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-03/28/95 --01002--001  
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W95-19454

SUBJECT: ACCENT TOURS, INCORPORATED  
(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.

Please return all correspondence concerning this matter to the following:

JOAN WEST  
(Name of Person)

ACCENT TOURS, INCORPORATED  
(Firm/Company)

2808 RABBIT HILL ROAD  
(Address)

TALLAHASSEE, FL 32312-3137  
(City, State and Zip Code)

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

JOAN WEST at (904) 397-0287  
(Name of Person) Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 10 AM 11:15

*Will wait*

COURIER ADDRESS:

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

MAILING ADDRESS:

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. ACCENT TOURS, INCORPORATED  
(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. DELAWARE 3. APPLIED FOR  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 19 SEP 1995 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 2808 RABBIT HILL ROAD  
TALLAHASSEE, FL 32312-3137  
(Current mailing address)

8. TO OFFER TOURS OF THE AREA  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

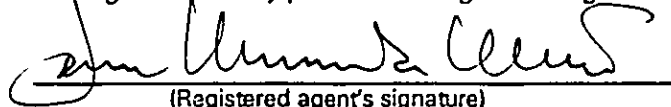
9. Name and street address of Florida registered agent:

Name: JOAN WEST

Office Address: 2808 RABBIT HILL ROAD  
TALLAHASSEE, Florida, 32312-3137  
(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.*

  
(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.

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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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: JOAN WEST

Address: 2808 RABBIT HILL ROAD

TLH FL 32312-3137

Vice President: CAROLE PALLISTER

Address: 2015 FOREST GLEN COURT

TLH FL 32303

Secretary: JUNE DAVIS

Address: 4907 LESTER ROAD

TALLAHASSEE FL 32311

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOAN WADSWORTH WEST, PRESIDENT  
(Typed or printed name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State


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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCENT TOURS, INCORPORATED" 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 THIRD DAY OF OCTOBER, A.D. 1995.

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DIVISION OF CORPORATIONS  
95 OCT 10 AM 11:15



  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7662009

10-03-95

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