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TO: DIVISION OF CORPORATIONS FROM: KANETSKY, MOORE & DEBOER, P.A.
 DEPARTMENT OF STATE 227 NOKOMIS AVE S
 STATE OF FLORIDA PO BOX 1787
 409 EAST GAINES STREET VENICE FL 34284-1787
 TALLAHASSEE, FL 32399 CONTACT: ANNE M TAYLOR
 FAX: (904) 822-4000 PHONE: (941) 485-1571
 FAX: (941) 484-7228

((1106000003244))) DOCUMENT TYPE: FOREIGN PROFIT QUALIFICATION
 NAME: MINNETONKA MOORINGS, INC.
 FAX AUDIT NUMBER: 1106000003244 CURRENT STATUS: REQUESTED
 DATE REQUESTED: 03/06/1996 TIME REQUESTED: 10 51 22
 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
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Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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ENTER SELECTION AND <CR>:

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 DIVISION OF STATE
 CORPORATIONS
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE
STATE OF FLORIDA:

1. MINNETONKA MOORINGS, INC.

(Name of corporation must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words to
substantially the same effect in language as will clearly indicate that it is a corporation instead of a natural
person or partnership if not so indicated in the name or present.)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 41-1828603

(FEI number, if applicable)

4. December 15, 1995

(Date of incorporation)

5. perpetual

(Duration: Your corp. will come to exist or "perpetual")

6. upon qualification in the future

(Are you transacting business in Florida (see sections 607.1301, 607.1302, and 607.133, F.S.)

7. 1585 Tarpon Center Drive, Villa 28

Venice, FL 34285

(Current mailing address)

8. ball boat marina for docking

(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: (P.O. Box or Mail Drop Box NOT
acceptable)

Name: Judith Lewis Cross

Office Address: 1585 Tarpon Center Drive, Villa 28

Venice

, Florida, 34285

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named
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.

Judith Lewis Cross
(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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STATE
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SECTION
JAN 11 1996
TALLAHASSEE, FL

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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: John H. Cross
 Address: 1585 Tarpon Center Drive, Villa 28, Venice, FL 34285
 Vice Chairman: Judith Lewis Cross
 Address: 1585 Tarpon Center Drive, Villa 28, Venice, FL 34285

Director: _____
 Address: _____

Director: _____
 Address: _____

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

President: John H. Cross
 Address: 1585 Tarpon Center Drive, Villa 28,
Venice, FL 34285

Vice President: Judith Lewis Cross
 Address: 1585 Tarpon Center Drive, Villa 28
Venice, FL 34285

Secretary: John H. Cross
 Address: 1585 Tarpon Center Drive, Villa 28
Venice, FL 34285

Treasurer: Judith Lewis Cross
 Address: 1585 Tarpon Center Drive, Villa 28, Venice, FL 34285

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

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

14 JUDITH LEWIS CROSS, Vice President
 (Typed or printed name and capacity of person signing application)

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State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Minnetonka Moorings, Inc.

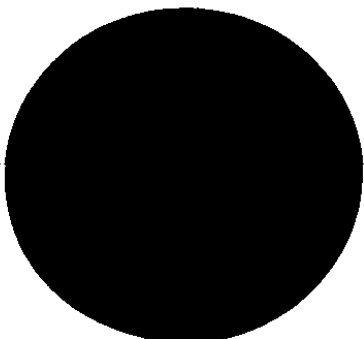
Date Formed: 12/19/1995

Chapter Governed By: 302A

This certificate has been issued on 02/04/96.

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FILED
SECRETARY OF STATE
MINNESOTA



Joan Anderson Grove
Secretary of State.