# TO: Qualification for the fractions

SUBJECT: MED RESORTS INTERNATIONAL. INCORPORATED (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trans. Florida", "Certificate of Existence", and check are submitted to register the abforeign corporation to transact business in Florida.	act Business in ove referenced
Please return all correspondence concerning this matter to the following:	W96-12782
KATHY CORMIER, CONTROLLER (Name of Person)	-06/14/4601021003 -24/44/4601021003 -24/4470.00
(rame of relicent)	041
MED RESORTS INTERNATIONAL, INC. (Firm/Company)	
17757 U.S. HWY 19 NORTH SUITE 400 (Address)	SECRETAN SEC
CLEARWATER, FL 34624	
(City/State/Zip)	ED  AHII: 51  OF STATE FLORIDA
Should you need to call someone concerning this matter, please call:	
	t 1 – 1 4 0 0 me Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. 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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 14, 1996

KATHY CORMIER MED RESORTS INTERNATIONAL, INC. 17757 US HWY 19 N #400 CLEARWATER, FL 34624

SUBJECT: MED RESORTS INTERNATIONAL, INC.

Ref. Number: W96000012782

We have received your document for MED RESORTS INTERNATIONAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$3600.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 796A00029760

#### Med Resorts International

A RESORT DEVELOPMENT & MANAGEMENT COMPANY . 17757 U.S. HIGHWAY 19, NORTH . SUITE 100 . CLEARWATER, FL. 34624

June 19, 1996

Department of State Division of Corporations Attn: Doug Dickinson Document Specializet Post Office Box 6327 Tallahassee, FL 32314

Subject:

Med Resorts International, Inc.

Ref# W96000012782

Dear Mr. Dickinson:

I am responding to the letter, #796A00029760, which was sent to my office on June 14, 1996. It brought to my attention that the date that business was transacted for Med Resorts International, Inc. was incorrect.

This is my sworn affidavit that this transaction date stated in the application by a foreign corporation for authorization to transact business in Florida was erroneous. The correct date that Med Resorts International, Inc. transacted business in Florida pursuant to section 607.1501, Florida Statute, was March 3, 1995. Please accept my apology for the mistake.

Sincerely,

Kathleen a Cornies
Kathy Cornier

KC/jv

96 JUL 31 AMII: 52 SECRETARY OF STATE

#### 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:

i.	MED_RESORTS_TNTERNATTONAL. TNCORPORATED.  (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.	VIRGINIA 3. 54-1656430
	(State or country under the law of which it is incorporated) (PBI number, if applicable)
4.	JANUARY 7, 1993  (Date of Incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6.	JANUARY 7, 1993
	(Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	17757 U.S. HWY 19 NORTH SUITE 400
	CLEARWATER. FL 34624 (Current mailing address)
8.	VACATION CLUB
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state (Purpose(s))
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: CT CORPORATION SYSTEM
	Office Address: 1200 S. PINE ISLAND RCAD
	PLANTATION , Florida , 33324
10	Registered agent's acceptance: (Zip Code)
co re al	aving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of a statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent.
	CREGistered agent's signature)  BARARA A. BURKE SPECIAL ASSISTANT SECRETARY

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: J. GEORGE CLAVEAU Address: 7799 LEESBURG PIKE SUITE 900 FALLS CHURCH. VA 22043 Vice Chairman: THOMAS M. HOARTY Address: 7799 LEESBURG PIKE SUITE 900 FALLS CHURCH, VA 22043 Director: WILLIS B. SOWERS Address: 17757 U.S. HWY 19 NORTH CLEARWATER, FL 34624 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers, and/or directors.

14. Willis B. Sowers
(Typed or printed name and capacity of person signing application)

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

# Community of Hinginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

MED RESORTS INTERNATIONAL, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 07, 1993.

Nothing more is hereby certified.

96 JUL 31 AHII: 52
SECRETARY OF STATE
ANLAHASSEF, FI ORIDA



Signed and Sealed at Richmond on this Date: May 13, 1996

William J. Hridge, Clerk of the Commission