

F98000001652

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CHESAPEAKE & CARIBBEAN CHARTERS, INC.

(Name of corporation - must include suffix)

300002465993--7

-03/24/98-01025--002

*****70.00 *****70.00

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:

RICHARD NISSEN

(Name of Person)

CHESAPEAKE & CARIBBEAN CHARTERS, INC.

(Firm/Company)

506 KENT NARROWS WAY NORTH

(Address)

GRASONVILLE, MD. 21638

(City/State/Zip)

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

RICK OR LYNN NISSEN at (410) 827-7888

(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. CHESAPEAKE & CARIBBEAN CHARTERS, 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. MARYLAND 3. 521604670
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 5, 1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE TO DATE (3-20-98)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. PO BOX 32632
PALM BEACH GARDENS, FL. 33420
(Current mailing address)
8. YACHT CHARTER
(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: RICHARD NISSEN
M/V JUSTICE OLD PORT COVE MARINA
Office Address: 112 LAKE SHORE DRIVE
NORTH PALM BEACH, FL, Florida, 33408
(Zip code)

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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.

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: RICHARD NISSEN

Address: 5125 MAIN ST.
GRASONVILLE, MD 21638

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: RICHARD NISSEN

Address: 5125 MAIN ST
GRASONVILLE, MD 21638

Vice President: _____

Address: _____

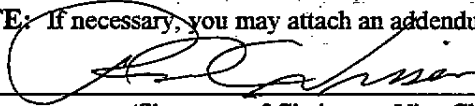
Secretary: _____

Address: _____

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. RICHARD NISSEN, PRESIDENT
(Typed or printed name and capacity of person signing application)

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STATE OF MARYLAND

615390

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

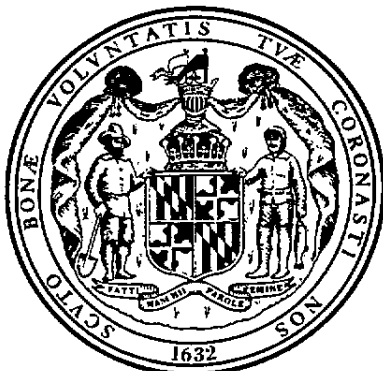
I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR THE RIGHT OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS DEPARTMENT CHESAPEAKE AND CARIBBEAN CHARTERS, INC. FILED ARTICLES OF INCORPORATION WHICH WAS RECEIVED AND APPROVED FOR RECORD ON JANUARY 5, 1989.

I FURTHER CERTIFY THAT CHESAPEAKE AND CARIBBEAN CHARTERS, INC. IS IN GOOD STANDING WITH THIS DEPARTMENT AT THE TIME OF THIS CERTIFICATE.

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IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 10TH DAY OF MARCH, 1998.

Nancy Grueninger
NANCY GRUENINGER
ADMINISTRATIVE OFFICER