P95000047629

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

95 JUN 19 PM 3:08
DIVISION OF CORPORATIONS

____ of ____

RE: International Cruise Services, Inc.

NAME ______
FIRM ______
ADDRESS ______

PHONE ( ) ______

Service: Top Priority ______ One Day Service Regular ______ Two Day Service

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 3:38

0095-12417

	C.C. FEE.	DISBURSED
✓ Capital Express℠		
✓ Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit	700001516177 -06/19/95--01019--007	
Vehicle Search	****122.50	****122.50
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		

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

D/B 6/19/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	RHT		

WALK-IN
Will Pick Up 6-19 1pm

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

11-2529-7 PONDER'S INC., THOMASVILLE, GA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

95 [illegible] 1:55

June 19, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: INTERNATIONAL CRUISE SERVICES, INC.
Ref. Number: W95000012417

We have received your document for INTERNATIONAL CRUISE SERVICES, INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 895A00029924

Corrected

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 3:38

ARTICLES OF INCORPORATION

OF

International Cruise Services, Inc.

I, the undersigned natural person of the age of twenty-one years or more, acting as incorporator of a corporation under the laws of the State of Florida, adopt the following Articles of Incorporation for such corporation.

ARTICLE I

NAME

The name of this corporation is: International Cruise Services, Inc.

ARTICLE II

DURATION

This corporation shall have perpetual existence, commencing upon the filing of these Articles of Incorporation with the Secretary of State of the State of Florida.

ARTICLE III

PURPOSE

The general business of the corporation to be transacted by the corporation shall be as follows: To perform any and all acts allowed for a corporation under the laws of the State of Florida.

ARTICLE IV

STOCK

The aggregate number of shares which the corporation shall have authority to issue is 7,500 shares at $1.00 per share, par value, non-assessable, and shall consist of one (1) class only, to-wit: Common stock.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the principal office of this corporation is: 251 Maitland Ave. Suite 109, Altamonte Springs, FL 32701, and the name of the registered agent of this corporation at that address is: Goolam Hoosain.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the By-Laws, but shall never be less than one. The names and addresses of the Initial Board of Directors of this corporation is: Goolam Hoosain, President
Jennifer Grant, Vice President/ Marla Martin, Secty.

ARTICLE VII

INCORPORATOR

The name and address of the person signing these Articles of Incorporation is: Goolam Hoosain
_______________.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 16th day of June, 1995.

STATE OF FLORIDA)
COUNTY OF) ss.:

BEFORE ME, the undersigned Notary Public, authorized to take acknowledgments in the County and State aforesaid, personally appeared Goolam Hoosain, who is either personally known by me or who produced the following form of personal identification FLDL# H250-280-38-015-0, and who, upon oath, acknowledged before me that he executed the foregoing Articles of Incorporation freely and voluntarily for the purposes stated therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16 day of June, 1995.

Print Name:

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

PAM KOCHER
MY COMMISSION # CC 405274
EXPIRES: September 8, 1998
Bonded Thru Notary Public Underwriters

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 3:38

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST: That International Cruise Services desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Altamonte Springs State of Florida, has named Goolam Hossain, located at 301 Maitland Ave. Suite 109, City of Altamonte Springs, State of Florida, as its agent to accept service of process within Florida.

SIGNATURE: [signature]
TITLE: Vice President
DATE: June 16, 1995

SECOND: Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE: [signature]
DATE: 6/16/95

P95000047629

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 (Corporation Name) (Document #)

2 (Corporation Name) (Document #)

400001894694
-07/16/95--01104--009
*****96.25 *****96.25

3 (Corporation Name) (Document #)

4 (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ______ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031 (1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 22, 1996

TONY HOOSAIN
167 ESCONDIDO CONDOA
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ACCESS CAPITAL CENTER, INC.
Ref. Number: W96000014965

We have received your document for ACCESS CAPITAL CENTER, INC. and your check(s) totaling $96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please call in reference to your document.

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) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 496A00035295

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

INTERNATIONAL CRUISE SERVICES, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE I: Name of corporation to be changed to:
ACCESS CAPITAL CENTER , INC.   EFFECTIVE 6/28/96

ARTICLE V: address of corporation has changed to:
237 S. Westmonte, Suite 211
Altamonte Springs, FL 32714   EFFECTIVE 6/28/96

ARTICLE VI: Officers that remain as follows:

President: Goolam Tony Hoosain
Vice-President: to be assigned at a later date
Secretary: Karla Martin   EFFECTIVE 10/1/95
ADOPTED 6/28/96

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption ____________________

FOURTH: Adoption of Amendment(s) **(CHECK ONE)** 6-28-1996

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

  "The number of votes cast for the amendment(s) was/were sufficient for approval by ____________________."
  voting group

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this ______ day of ____________________, 19____.

Signature ____________________
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

____
Typed or printed name

____
Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 14 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

DOCUMENT # **P95000047629**

1. Corporation Name
ACCESS CAPITAL CENTER, INC.

Principal Place of Business
237 S. WESTMONTE, SUITE 211
ALTAMONTE SPRINGS FL 32714

Mailing Address
237 S. WESTMONTE, SUITE 211
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable
Suite, Apt #, etc.
City & State
Zip | Country

3. New Mailing Office Address, if Applicable
Suite, Apt #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/10/1995

5. FEI Number: 59-3320718 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HOOSAIN, GOOLAM	237 S. WESTMONTE, SUITE 211	ALTAMONTE SPRINGS FL 32714

600001983546--5
-10/23/96--01018--011
****383.75 ****383.75

10-18-96

8. Name and Address of Current Registered Agent
HOOSAIN, GOOLAM
251 MAITLAND AVE., SUITE 109
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
Suite, Apt #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F S

Signature of Registered Agent: GOOLAM (TONY) HOOSAIN — Date SEP. 20, 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: GOOLAM (TONY) HOOSAIN — 9/20/96 — 407--786-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E040 (7/96)

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 CHANGE OF Address ONLY

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DATE
EFFECTIVE CHANGE OF ADDRESS
Sep 10, 1997

DOCUMENT # P95000047629 (7)

1. Corporation Name
ACCESS CAPITAL CENTER, INC.

Principal Place of Business
237 S. WESTMONTE, SUITE 211
ALTAMONTE SPRINGS FL 32714

Mailing Address
237 S. WESTMONTE, SUITE 211
ALTAMONTE SPRINGS FL 32714-4203

2. Principal Place of Business
21 925 W. State Road 434
Suite, Apt. #, etc.
22 Winter Springs, FL
City & State
23
Zip
24 32708
Country
25 Seminole

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 10/14/1996
4. FEI Number: 59-3320718 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HOOSAIN, GOOLAM
~~251 MAITLAND AVE., SUITE 100~~
~~ALTAMONTE SPRINGS FL 32701~~
925 W. S. R. 434
Winter Springs, FL 32708

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
237 S. WESTMONT DRIVE SUITE211
33
34 City
ALTAMONTE SPRINGS FL
35 Zip Code 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOOSAIN, GOOLAM ~~237 S. WESTMONTE, SUITE 211~~ ~~ALTAMONTE SPRINGS FL 32714~~	☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Hoosain, Goolam 925 W. State Road 434 Winter Springs, FL 32708	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

NO

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQ GOOLAM HOOSAIN 1/22/97 407--786-4996
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #