

1201 HAYS STREET
TALLAHASSEE, FL 32301
904 222-9171
904 222-0393 FAX

800-342-8086



995000060627

ACCOUNT NO. : 072100000032

REFERENCE : 654510 8948A

AUTHORIZATION :

COST LIMIT : 9 122.50

Patricia P. 16

ORDER DATE : August 4, 1995

ORDER TIME : 10:01 AM

ORDER NO. : 654510

400000115, 041124

CUSTOMER NO: 8948A

CUSTOMER: Ms. Stephanie Mosely
JAMES L. CASE, ESQ

Suite 102
2810 East Oakland Park Blvd.
Ft. Lauderdale, FL 33306

DOMESTIC FILING

NAME: SUNSHINE BOAT TOURS, INC.

FILED
AUG 7 1995
PM 12:32

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Prezeau

EXAMINER'S INITIALS: AUG 7 1995 BSB

FILED

95 AUG -7 PM 12:32

ARTICLES OF INCORPORATION
OF
SUNSHINE BOAT TOURS, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SUNSHINE BOAT TOURS, INC.

The address of the principal office of this corporation shall be 1402 East Las Olas Boulevard, #150, Fort Lauderdale, Florida 33301, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Tom Wells Dir.	1402 East Las Olas Boulevard, #150 Fort Lauderdale, Florida 33301
Phillip Roberts Dir.	Same

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Tom Wells Pres.	1402 East Las Olas Boulevard #150 Fort Lauderdale, Florida 33301
Phillip Roberts Sec./Treas.	Same

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on August 7, 1995.

CORPORATION SERVICE COMPANY

By: _____

Laura R. Dunlap
Its Agent, Laura R. Dunlap

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: [Signature]
Its Agent, Laura R. Dunlap

GMC/mjp

P95000060627

LAW OFFICES
James T. Case, P.C.

SUITE 100
200 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

JAMES T. CASE

NOT A SOLID COPY

September 12, 1995 FAX 1-800-565-2047

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

7000001584677
-09/14/95--01087--006
*****35.00 *****35.00

RE: SUNSHINE BOAT TOURS, INC.

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend you records at your earliest opportunity to reflect the change.

Very truly yours,

Karen Block
KAREN BLOCK,
Legal Assistant

KB
Encl.
95-106-325

Enclosure
95-04-223

95 SEP 14 11 24 AM
FBI CO

Handwritten signature/initials

Charter No. P45000060627

Date Filed August 7, 1995

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607 0501 and 607 0502, or 607 1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida

1. The name of the corporation is SENSELINE BOAT TOURS, INC.

2. The name and address of its present registered agent is.

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is
(PO BOX NOT ACCEPTABLE)
TOM WELLS

1402 East Las Olas Boulevard, #150, Fort Lauderdale, FL 33301

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

TOM WELLS

(Typed or printed name and title)

Signature [Signature]

Tom Wells (President or Vice President)

Date 7/12/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607 0505, FLORIDA STATUTES

Please Print/Type Name: TOM WELLS

Signature [Signature]

Tom Wells

(Agent)

Date 7/12/95