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(City, State, Zip)	(Phone #)	OFFICE USE ONLY
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OTHER FILINGS	REGISTRATION/QUALIFICATION	F. CHESSER MAI 7 1996
Annual Report	Foreign	HOLD FOR
Fictitious Name	Limited Portnership	PICKUP BY
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	Trademark	
i	Other	Examiner's Initials

#### ARTICLES OF INCORPORATION

QE.

NAPLES SCOOTER RENTAL CO.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

CLEI NAME

TALLANDE

TALLA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4849 EUROPA DRIVE Naples, Florida 33942

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph M. Schlinder 4849 EUROPA DRIVE Naples, Florida 33942

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph M. Schlinder 4849 EUROPA DRIVE Naples, Florida, 33942

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: Naples Scooter	RENTAL Co.
2.	The name and address of the registered agent and office is:  Joseph M. Schlinder	TALL TALL TALL
	(NAME) 4849 EUROPA DRIVE	HASSE
	(P.O. BOX <u>NOT</u> ACCEPTABLE)  NAPLES Florida 33942	E.FLORDS
	(CITY/STATE/ZIP)	

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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Joseph M. Schling,
DATE 4/30/96