

TRANSMITTAL LETTER

400002998804--1
-09/28/99--01026--002
*****70.00 *****70.00

FILED
99 SEP 28 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-1
40

ARTICLES OF INCORPORATION

OF

GULF SOUNDS BEACH RENTALS, INC.

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

FILED
99 SEP 28 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GULF SOUNDS BEACH RENTALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

12240 GULF BLVD.
TREASURE ISLAND, FL 33706

ARTICLE III CAPITAL STOCK

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

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER SR.
7421 BENT OAK DRIVE
PORT RICHEY, FL 34668

ARTICLE V INCORPORATOR(S)

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

HOWARD VAUGHN KNOWLES VICE
12240 GULF BLVD. (PRESIDENT)
TREASURE ISLAND, FL 33706

JODI COLLIER KNOWLES (PRESIDENT)
12240 GULF BLVD.
TREASURE ISLAND, FL 33706

The undersigned has (have) executed these Articles of Incorporation this

10TH ____ DAY ____ OF SEPTEMBER ____ 1999

✓ Jodi Collier Knowles P ____ Signature/Title
[Signature] VP ____ Signature/Title

____ Signature/Title

____ Signature/Title

____ Signature/Title

FILED
99 SEP 28 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-
NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the corporation is: _

GULF SOUNDS BEACH RENTALS, INC.

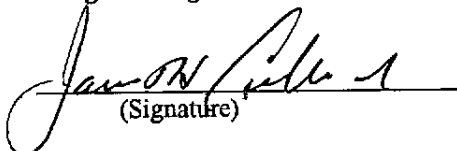
The name and address of the registered agent and office is:

JAMES H. COLLIER SR.
(Name)

7421 BENT OAK DRIVE
(P. O. Box not acceptable)

PORT RICHEY, FL 34652
(City/State/Zip)

I have been named as registered agent and to accept service of process for the
aboved 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 perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.


(Signature)

9-10-99
(Date)