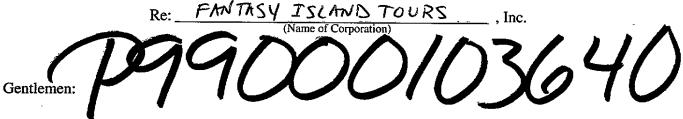
(SAMPLE LETTER OF TRANSMITTAL)

DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

会所 コ 800003053018--4 -11/23/99--01050--007 ****122,50 *****78.75



Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

JOHN BACHOFER
(Individual's Name)

FANTASY ISLAND TOURS, INC.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION—

778 WESTSHORE DRIVE

SUMMERCATIVD KEY FLORIDA

PHONE

(305) 745-7292

Area Code Number Ext.

W 11.30 Ma

ARTICLES OF INCORPORATION

of

ISLAND FANTASY TOURS (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: FANTASY ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK 500 shares of common stock, par value \$ 1.00 The corporation is authorized to issue __ ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS WESTSHORE SUMMERLAND CITY KEY **FLORIDA** 33042 Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: **NAME** OHN BACHOFER WEST SHORE **ADDRESS** DRIVE CITY SUMMERLAND **FLORIDA** ZIP 33042

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



FANTASY ISLAND TOURS, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	778 WESTSHORE			DRIVE		
	SUMI	MER LA	ND	KEY	, FLORIDA	33042
has nam	ied	NHOT	BA	CHOPE	ėr	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

11-17-99 (Date)

This corporation shall have	dire	ctors initially. The nu	mber of directors may be (1). The names and
NAME JOHN BACHOFER			
ADDRESS 778 WESTSHORE DRIVE		-	
CITY SUMMERLUND REY	STATE	FLORIDA	ZIP 33042
NAME AARON SPAREN BERG			± .
ADDRESS 18 AZALEA DRIVE			
CITY KEY WEST	STATE	FLORIDA	ZIP 33040
NAME ADDRESS			
CITY	STATE		ZIP
NAME JOHN BACHOFER ADDRESS 778 WESTSHORE DRIVE CITY SUMMER LAND KEY NAME AARON SPARENBERG	STATE	FLORIDA	ZIP 33042
ADDRESS 18 AZALEA DRIVE	*		
CITY KEY WEST	STATE	PLORIDA	ZIP 33040
ADDRESS ADDRESS		7.	
CITY	STATE		ZIP
The undersigned incorporator(s) have executed these Articleday of NOVEM BER.	es of Incor	poration this	(Signature)
	- 1		(C:)