

N97000000521

Refund \$70

Requestor's Name
 Address
 City/State/Zip Phone #

700002093217--7
 -02/20/97--01055--004
 ****262.50 ****262.50
 Office Use Only

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

1. Barry Telecommunications, Inc. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
 FEB 20 11 21 AM '97
 STATE OF FLORIDA

- Walk in Pick up time 3 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

need three (3) c/c's

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS FEB 20 1997

Examiner's Initials

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Jorden Burt Berenson & Johnson LLP EIN or SS#: 65-0019093

Address: 777 Brickell Avenue, Suite 500, Miami, Florida 33131

Amount: \$70.00 Date Paid 2/19/97, check #66701

Reason for claim: OVERPAYMENT OF FILING FEES.

BARRY TELECOMMUNICATIONS, INC.

N97000000521

Certified true and correct this 5th day of March, 19 97.

Signature Barbara Skipi Accounting Manager

* Must be completed if authority is other than Section 215.26, Florida Statutes.

<i>For Agency Use Only</i>		N. HENDRICKS 2/21/97
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund <u>\$70.00</u>		
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01055-004</u> dated <u>2/20/97</u>		
Name of Account		RECEIVED 97 MAR 18 AM 5:15 DIVISION OF CORPORATIONS
4520213000145300000000010000		
Statutory Authority for Collection <u>607.0122</u>		
It is requested that payment be made from the following account:		
NAME OF ACCOUNT:		RECEIVED 97 MAR 18 AM 5:15 DIVISION OF CORPORATIONS
45202130001453000000022002000		
Certified true and correct this _____ day of _____, 19____.		
Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)		