

F91405

**LAW OFFICES OF  
STEVEN L. BARCUS**

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ADMITTED TO FL & NY BAR

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MICHAEL J. GALLAGHER

January 20, 1998

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: MR. BILL DESIGNS, INC.  
Ref. Number: F91405

600002410596--1  
-01/23/98--01095--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Greetings:

Enclosed please find Articles of Dissolution. Please be advised that on January 11, 1998, MR. BILL DESIGNS, INC. was dissolved by the personal representative of the Estate of William A. Witkin Peter K. Witkin. The corporation has not issued shares of stock.

Also, enclosed please find my Operating Account check number 6315 in the amount of \$35.00 for the filing fee.

Very truly yours,

*Steven L. Barcus*

Steven L. Barcus

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Enclosures

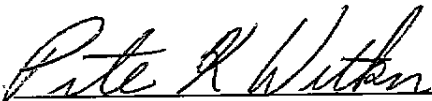
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ARTICLES OF DISSOLUTION OF  
MR. BILL DESIGNS, INC.

Pursuant to §607.1401, Florida Statutes, by action of the Personal Representative of the Estate of William A. Witkin, the corporation is dissolved and Articles of Dissolution are authorized to be filed with the Florida Department of State.

- (1) The name of the corporation is MR. BILL DESIGNS, INC.
- (2) Articles of Incorporation were filed July 20, 1982. (Charter Number: F911405)
- (3) That none of the corporation's shares of stock have been issued.
- (4) That no debt of the corporation remains unpaid.
- (5) That William A. Witkin, the only director of the corporation, died on December 12, 1997, as evidenced by the attached death certificate.
- (6) That Letters of Administration were issued to Peter K. Witkin on December 30, 1997, a copy of which is attached.
- (7) Peter K. Witkin, authorized the Dissolution in his capacity as Personal Representative of the Estate of William A. Witkin.



PETER K. WITKIN  
Personal Representative of the Estate of William A. Witkin

Dated: January 11, 1998

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.		DECEDENT'S NAME		FIRST	MIDDLE	LAST	2. SEX
		William				Witkin	Male
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (years)	5b. UNDER 1 YEAR	5c. UNDER 1 Day	
December 12, 1997		118-32-4504		57	Months	Days	Hours
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)					
October 21, 1940		New York City, New York					
9a. PLACE OF DEATH (Check only one: see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No)					
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		No					
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH			
271 Sunshower Ct.		Casselberry		Seminole			
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
Proprietor		Window Treatment		Divorced			
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
Florida		Seminole		Casselberry		271 Sunshower Court	
13a. INSIDE CITY LIMITS? (Yes or No)		13i. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. Specify:	
No		32707		Specify		White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)			
Elementary/Secondary (10-12) <input type="checkbox"/> College (1, 4 or 5 +) <input type="checkbox"/> 4		Mickey Witkin		Florence May			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
Mickey Witkin		212-35 16th Avenue, Bayside, New York 11360					
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Mt. Ararat Cemetery		Farmingdale, New York			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY			
		3990		Carey Hand Cox-Parker Funeral Home 1350 West Fairbanks Avenue Winter Park, Florida 32789			
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title)	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH		23d. MEDICAL EXAMINER'S CASE #	
Janet R. Pillow, M.D., M.E.		December 15, 1997		Found 8:20 PM		-97-24-1960-	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)							
Janet R. Pillow, M.D., M.E., 321 N. Mangoustine Ave., Sanford, FL 32771-1098							
25a. REGISTRAR - SIGNATURE AND DATE		25b. LOCAL REGISTRAR - SIGNATURE		25c. DATE REGISTERED			
				December 22, 1997			
26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Arteriosclerotic cardiovascular disease				Approximate Interval Between Onset and Death	
		DUE TO (OR AS A CONSEQUENCE OF)					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		b. DUE TO (OR AS A CONSEQUENCE OF)					
		DUE TO (OR AS A CONSEQUENCE OF)					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a. WAS AN AUTOPSY PERFORMED? (Yes or No)		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) (Yes) <input type="checkbox"/> (No) <input checked="" type="checkbox"/>	
		No					
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)			
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY		32c. INJURY AT WORK? (Yes or No)	
Natural							
		32e. PLACE OF INJURY - At home, farm, street, factory, etc (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY   
JANE POLKOWSKI, REGISTRAR

State Registrar

WARNING: THIS DOCUMENT IS NOT TO BE REPRODUCED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER. ANY CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

HRS FORM 1564A (9-96)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

CAUSE OF DEATH BY CERTIFIER



IN THE CIRCUIT COURT FOR SEMINOLE COUNTY, FLORIDA  
PROBATE DIVISION

File Number: 97-1060-CP

In Re The Estate Of:

WILLIAM A. WITKIN,

Deceased

---

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, WILLIAM A. WITKIN, a resident of Seminole County, Florida, died on December 12, 1997, owning assets in the State of Florida, and

WHEREAS, PETER K. WITKIN has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters Of Administration in the estate, ---

NOW THEREFORE, I, the undersigned Judge of the Eighteenth Judicial Circuit, declare PETER K. WITKIN to be duly qualified under the laws of the State of Florida to act as personal representative of the estate of WILLIAM A. WITKIN, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS My Hand And The Seal Of This Court On this 30 day of

DECEMBER, 1997.

A handwritten signature in cursive script, appearing to read "Wade", written over a horizontal line.

CIRCUIT JUDGE