

K 62070

ARTICLES OF MERGER
Merger Sheet

MERGING:

HOPS GRILL & BREWERY, INC., K62070, HOPS OF CARROLLWOOD, INC.,
S02285, HOPS OF GREATER ORLANDO, INC., P94000006173, HOPS OF
GREATER WEST PALM BEAC

H, INC., P94000058635, HOPS OF NORTH TAMPA, INC., P94000005924,
HOPS OF NORTHEAST FLORIDA, INC., P92000007321, HOPS OF PALM
HARBOR, INC., S08257, H

OPS OF PORT RICHEY, INC., P94000017449, HOPS OF ST. PETERSBURG,
INC., P93000014724, HOPS OF SOUTH FLORIDA, INC., P96000073132,
HOPS OF SOUTH TAMPA

, INC., V14366, HOPS OF SOUTHEAST FLORIDA, INC., P95000033882, HOPS
OF THE CAROLINAS, INC., P96000061452, HOPS OF THE ROCKIES, INC.,
P96000003850,

HOPS PARTNERS, INC., P93000062566, HOPS PARTNERS II, INC.,
P93000039396, HOPS PARTNERS III, INC., P93000014726 AND TOOMY LCN,
INC., P95000041286,
ALL ACTIVE FLORIDA CORPORATIONS,

INTO

HG ACQUISITION CORP., a Florida corporation, P97000009985

File date: March 13, 1997

Corporate Specialist: Darlene Connell

K76021

**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: M.V. Distributors, Inc. EIN or SS#: _____

Address: 914 Matanzas Avenue
Coral Gables, FL 33146

Amount: \$60.00 Date Paid 1/15/97

Reason for claim: Overpayment of annual report filing fees

K76021

Leslie Sellers

Certified true and correct this _____ day of _____, 19 _____.

Signature NOT REQUIRED

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

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>60.00</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>01080/001</u> dated <u>1/15/97</u>	
Name of Account: <u>4520213000145300000000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)