



N48746

ACCOUNT NO. : 072100000032

REFERENCE : 286866 4330594

AUTHORIZATION :

COST LIMIT : \$ 52.50 *87.50*

FILED
97 MAR 10 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 10, 1997

ORDER TIME : 9:32 AM

ORDER NO. : 286866-005

CUSTOMER NO: 4330594

000002108170--8

CUSTOMER: Justin Wilson, Legal Assistant
Adorno & Zeder, P.a.
Suite 1600
2601 South Bayshore Drive
Miami, FL 33133

DOMESTIC FILINGS

NAME: AGC RISK MANAGEMENT GROUP,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

RECEIVED
97 MAR 10 AM 10:52
DIVISION OF CORPORATION

CONTACT PERSON: Tonya C. Holliday

EXAMINER'S INITIALS: _____

Voluntarily Dissolved

3-10-97
DC

**ARTICLES OF DISSOLUTION
OF
AGC RISK MANAGEMENT GROUP, INC.,
A FLORIDA NOT FOR PROFIT CORPORATION**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is AGC RISK MANAGEMENT GROUP, INC. (the "Corporation").

ARTICLE II

The Corporation has one member entitled to vote. The date of the meeting of members of the Corporation at which the resolution to dissolve was adopted was December 31, 1996. The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

ARTICLE III

Pursuant to Section 617.1403, Florida Statutes, the Corporation submits these Articles of Dissolution to the Florida Department of State.

AGC RISK MANAGEMENT GROUP, INC.

Dated: December 31, 1996

By: 
DORIS M. OBERHARDT, President

AGC RISK MANAGEMENT GROUP, INC.
OFFICERS' CERTIFICATE FOR PLAN OF DISTRIBUTION OF ASSETS

The undersigned, as the President of AGC Risk Management Group, Inc., a Florida not for profit corporation (the "Corporation"), hereby certifies as follows:

1. Attached is an authentic copy of the plan of distribution of assets of the Corporation.
2. The attached plan of distribution of assets was adopted by the members of the Corporation entitled to vote thereon in compliance with 617.1406(1), Florida Statutes.

AGC RISK MANAGEMENT GROUP, INC.

Dated: December 31, 1996

By: 
DORIS M. OBERHARDT, President

**PLAN OF DISTRIBUTION OF ASSETS OF
AGC RISK MANAGEMENT GROUP, INC., A FLORIDA NOT
FOR PROFIT CORPORATION ("CORPORATION")**

1. All liabilities and obligations of the Corporation shall be first paid and discharged using available assets of the Corporation.
2. Any assets held by the Corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, will be returned, transferred or conveyed in accordance with such requirements.
3. Any assets received and held by the Corporation subject to limitations permitting their use only for charitable, benevolent, educational or similar purposes, but not held upon a condition requiring return, transfer, or conveyance by reason of the dissolution, will be transferred or conveyed to one or more domestic or foreign corporations, trusts, societies, or organizations engaged in activities substantially similar to those of the Corporation.
4. Any remaining assets of the Corporation are to be distributed in accordance with the Corporation's articles of incorporation in a manner best designed to promote the purposes of the Corporation.
5. This Plan of Distribution of Assets has been adopted by the members of the Corporation in accordance with 617.1406, Florida Statutes.

Dated: December 31, 1996

N49418
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: Osceola Youth Soccer Club EIN or SS#: _____

Address: P.O. Box 421361
Kissimmee, FL 34741-1361

Amount: 61.25 Date Paid 8-12-96

Reason for claim: N49418- duplicate filing of
the AR

Certified true and correct this 10 day of February, 19 97.

Signature Judith L. Strawberry - Treasurer

* 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>61.25</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>97768 138</u> dated <u>8-12-96</u>	
Name of Account	<u>4520213000145300000000010000</u>
Statutory Authority for Collection	<u>617</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)