N95000003292

Paralyzed Vo Association SUAPLIA — 6200 N. Andre Ft. Lauderdale	of Florida, Inc. heret Shop Isc. ews Avenue	
City/State/	Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT	NUMBER(S), (if known):
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NEW FILINGS	AMENDMENTS	98 J
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OTHER FILINGS	REGISTRATION QUALIFICATION	
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Fictitious Name	Limited Partnership	
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Examiner's Initials

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 27, 1998

PARALYZED VETERANS ASSOC. OF FLORIDA QUAL. THRIFT SHOP 6200 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309

SUBJECT: PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALITY

THRIFT SHOP INC.

Ref. Number: N95000003292

We have received your document for PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALITY THRIFT SHOP INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

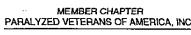
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette Document Specialist

*Sent backagain -5-7-98

Letter Number: 698A00004414



CHARTERED BY THE CONGRESS OF THE UNITED STATES



Paralyzed Veterans Association of Florida, Inc.

6200 N. Andrews Avenue • Ft. Lauderdale, FL 33309 • 954-771-7822 • 1-800-683-2001 • Fax 954-491-3532

5/27/98

TO: LOUISE JACKSON

FROM: DAVID MONSON

HERR 15 The FORM YOU REQUESTED

Thanks For Your help.

SINCEZELY)

David MoNOW

REF H N95 00000 3292 Littlett 698 A 0000 4414

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this corporation submits the following Articles of Dissolution: FIRST: The name of the corporation is <u>PARALYZLI VETRANS ASSZIATION OF FLORIDA</u>
SECOND: Adoption of dissolution (Complete Section I or II) QUALITY THRIZT Shop INC. SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted was _____ (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 617,0701, Florida Statutes. SECTION II If the corporation has no members or members with voting rights: The corporation has no members or members with voting rights. The date of adoption of the resolution by the board of directors was JANUARY 14, 1998 The number of directors in office was ______ and the vote for the resolution was 5 for and 0 against. Signed this 26 day of MAY Signature_ (By the Chairman or Vice Chairman of the Board, President or other officer)