

P31001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

5/2/97

000002197550--3

-06/02/97--01068--015

\*\*\*\*\*87.50 \*\*\*\*\*87.50

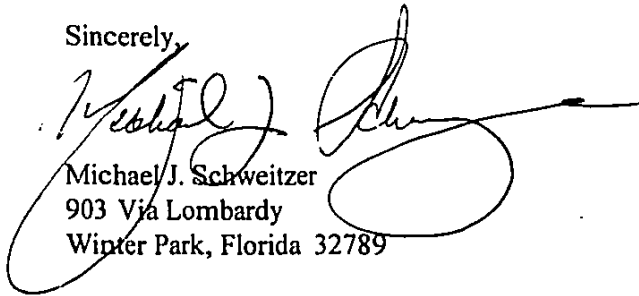
RE: Agent Status  
Continental Imports, Inc. dba Continental Imports of Florida

Dear Sirs:

Continental Imports, Inc. dba Continental Imports of Florida has filed for dissolution under section 607.1403.

Please remove my name as agent for the corporation:

Sincerely,



Michael J. Schweitzer  
903 Via Lombardy  
Winter Park, Florida 32789

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 27 PM 3:26

RA Resignation  
Sp

Canceled

Processing  
refund

FILING 35  
R. AGENT \_\_\_\_\_  
CERT. COPY \_\_\_\_\_  
CUS \_\_\_\_\_  
OVERPAYMENT 52.50  
TOTAL 87.50



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 15, 1997

Michael J. Schweitzer  
903 Via Lombardy  
Winter Park, FL 32789

SUBJECT: CONTINENTAL IMPORTS, INC.  
Ref. Number: P31001

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The subject corporation is still active on the records of this office. To resign as registered agent, the enclosed resignation form can be completed and returned with the appropriate filing fee. If the corporation is active the fee to resign is \$87.50. If dissolved, the fee is \$35. The revocation of authority of a corporation does not terminate the authority of the registered agent.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 897A00025480

Florida Department of State, Sandra B. Mortham, Secretary of State

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Michael J. Schweitzer  
(Name of registered agent)

hereby resigns as Registered Agent for CONTINENTAL IMPORTS, INC.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Michael J. Schweitzer  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 21 PM 3:26

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

# P31001

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: Michael J. Schweitzer EIN or SS#: \_\_\_\_\_

Address: 903 Via Lombardy  
Winter Park, FL 32789

Amount: \$52.50 Date Paid 5/27/97

Reason for claim: Overpayment of registered <sup>agent</sup> resignation fee for  
CONTINENTAL IMPORTS, INC., #P31001

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature \_\_\_\_\_

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

<b>For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>52.50</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>1068 015</u> dated <u>6/2/97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</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)