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Profit	Amendment				
NonProfit	Resignation	of R.A., Officer/ Director			
Limited Liability	Change of R	egistered Agent			

₹# 2	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

Domestication

Other

が記される。	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
<u> </u>	Trademark
	Other

Dissolution/Withdrawal

Merger

VS MAR 3 1997

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS EN FLORIDA

OF AUTHORITY I	IN FLORIDA	م رق	•
		NEFIT ADMINISTRATORS, INC.	/
	AMEDICAN RE	NEFIT ADMINISTRATORS, INC.	`<
	(Name of Corporation)	NEFTI ADMINISTRATORS, INC. 7	). '
	(5 55	The state of the s	<b>4</b>
	TENNESSEE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ج ر
	(Incorporated Under Laws	Of)	À
		octing affairs within the State of Florida business or conduct affairs in Florida.	
ehalf and appoints the Dep	artment of State as its agent for	gent in Florida to accept service on its service of process based on a cause of t business or conduct affairs in Florida.	
		epartment of State may mail a copy of	
iny process against this co	rporation that may be served or	the Department.	
ny process against this co		the Department.	
ny process against this co	P. O. BOX 469	the Department.	
ny process against this co		the Department.	
ny process against this co	P. O. BOX 469 (Mailing Address)	the Department.	
ny process against this co	P. O. BOX 469 (Mailing Address) BILOXI, MS 39533	the Department.	
iny process against this co	P. O. BOX 469 (Mailing Address)	the Department.	
any process against this co	P. O. BOX 469 (Mailing Address) BILOXI, MS 39533	the Department.	
	P. O. BOX 469 (Mailing Address)  BILOXI, MS 39533 (City/ State /Zip)	the Department.	
The corporation agrees to n	P. O. BOX 469 (Mailing Address)  BILOXI, MS 39533 (City/ State /Zip)	n the future of any change in its mailing  V.PRESIDENT/SECRETARY	
The corporation agrees to n	P. O. BOX 469 (Mailing Address)  BILOXI, MS 39533 (City/ State /Zip)	the future of any change in its mailing	
The corporation agrees to n	P. O. BOX 469 (Mailing Address)  BILOXI, MS 39533 (City/ State /Zip)	n the future of any change in its mailing  V.PRESIDENT/SECRETARY	
The corporation agrees to noddress.  CHARLES R. TAY	P. 0. BOX 469 (Mailing Address)  BILOXI, MS 39533 (City/ State /Zip)  notify the Department of State in	n the future of any change in its mailing  V.PRESIDENT/SECRETARY	