

FROM :

Division of Corporations

HOME NO.

Mar 03 2000 11:10 AM P1

1261012

P94000072291

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H00000009774 1)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 922-4000

From:

Account Name : JEFFREY M. JACOBS, C.P.A., P.A.

Account Number : 110516003447

Phone : (904) 260-0483

Fax Number : (904) 260-0348

RECEIVED  
00 MAR -3 PM 12:35  
DIVISION OF CORPORATIONS

FILED  
00 MAR -3 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## DISSOLUTION

CORPORATE INSIGHT INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*Voluntarily Dissolved*

March 3, 2000

CORPORATE INSIGHT INTERNATIONAL, INC.  
P.O. BOX 56741  
JACKSONVILLE, FL 32241-6741

SUBJECT: CORPORATE INSIGHT INTERNATIONAL, INC.  
REF: P94000072291

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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) 487-6906.

Darlene Connell  
Corporate Specialist

FAX Aud. #: H00000009774  
Letter Number: 900A00011964

FROM :

PHONE NO. :

Mar. 03 2000 11:16AM P1

H00000009774 1

# ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida statute, the undersigned corporation has determined to dissolve as of December 31, 1999.

FIRST: The name of the corporation is Corporate Insight International, Inc.

SECOND: The corporation has been authorized to proceed with dissolution on March 1, 2000.  
Dissolution is to be finalized and effective by December 31, 1999.

THIRD: Dissolution was approved by the sole shareholder of the corporation.

FOURTH: This article of dissolution was adopted by the board of directors on March 1, 2000.

Date: This 1st day of March 2000.

By Tilda V. Spaulding  
Surviving Spouse  
On Behalf of President

H00000009774 1

FROM :

PHONE NO. :

Mar. 03 2000 11:16AM P2

H00000009774 1

STATE OF FLORIDA

COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Tilda V. Spaulding to me well known to be the person who executed the foregoing articles of dissolution and acknowledge before me, according to law, that she made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March 2000.

  
Notary Public

Personally Known

or

Produced Identification

Type of ID produced: *Fl. Drivers License*



H00000009774 1

FROM :

PHONE NO. :

Mar. 03 2000 11:14AM P2

CERTIFIED COPY

H00000009774 1

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.		FIRST		MIDDLE		LAST		SEX	
1. DECEASED'S NAME		Robert				Spaulding		Male	
3. DATE OF DEATH (Month, Day, Year)		January 10, 2000		4. SOCIAL SECURITY NUMBER		068-34-0630		5. UNDER 1 YEAR	
6. DATE OF BIRTH (Month, Day, Year)		January 11, 1944		7. BIRTHPLACE (City and State or Foreign Country)		Woodhaven, New York		8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
9. PLACE OF DEATH (Check only one; see instructions on other side)		HOSPITAL <input checked="" type="checkbox"/> St. Luke's Hospital		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		10. CITY, TOWN, OR LOCATION OF DEATH		11. COUNTY OF DEATH	
12. FACILITY NAME (If not institution, give street and number)		St. Luke's Hospital		13. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		Married		14. SURVIVING SPOUSE (If wife, give maiden name)	
15. DECEASED'S USUAL OCCUPATION		Self Employed		16. KIND OF BUSINESS/INDUSTRY		Business Consultant		17. STREET AND NUMBER	
18. RESIDENCE — STATE		Florida		19. CITY, TOWN, OR LOCATION		Jacksonville		20. STREET AND NUMBER	
21. ZIP CODE		32257		22. WAS DECEASED OF HISPANIC OR LATIN ORIGIN? (Specify No or Yes — If yes, specify Mexican, Cuban, American, Puerto Rican, etc.)		No		23. DECEASED'S EDUCATION (Specify only highest grade completed)	
24. INSIDE CITY LIMITS? (Yes or No)		Yes		25. RACE — American Indian, Black, White, etc. (Specify)		White		26. DECEASED'S BIRTHDATE (Month, Day, Year)	
27. FATHER'S NAME (First, Middle, Last)		Frank Spaulding		28. MOTHER'S NAME (First, Middle, Last)		Lucille Kearns		29. DATE OF BIRTH	
30. INFORMANT'S NAME (Type and Print)		Tilda V. Spaulding		31. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		2816 Scott Mill Terrace, Jacksonville, Florida 32257		32. LOCATION — City or Town, State	
33. METHOD OF DISPOSITION		Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		34. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		Jacksonville Crematory		35. NAME AND ADDRESS OF FACILITY	
36. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		[Signature]		37. LICENSE NUMBER (If Licensed)		1408		38. NAME AND ADDRESS OF FACILITY	
39. SIGNATURE OF PHYSICIAN (Type and Print)		Gavin D. Divertie, M.D.		40. DATE SIGNED (Month, Day, Year)		1/14/00		41. NAME AND ADDRESS OF FACILITY	
42. NAME OF ATTENDING PHYSICIAN (Type and Print)		Robert E. Whalen, M.D.		43. DATE SIGNED (Month, Day, Year)		1/14/00		44. NAME AND ADDRESS OF FACILITY	
45. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type and Print)		Gavin D. Divertie, M.D. Mayo Clinic Jacksonville		46. LOCAL REGISTRAR — SIGNATURE		[Signature]		47. DATE REGISTERED	
48. SUBREGISTRAR — SIGNATURE		[Signature]		49. DATE SIGNED (Month, Day, Year)		1/18/00		50. DATE REGISTERED	
51. PART I: Enter the disease, injury, or complications that caused the death. Do not enter the mode of injury, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Immediate Cause (Final disease or condition resulting in death)		Intracranial Hemorrhage		Due to (or as a consequence of)		52. DATE REGISTERED	
53. PART II: Other significant conditions contributing to occurrence of death. List only one cause on each line.		Sequence of conditions, if any, leading to immediate cause. Give underlying cause (disease or injury) resulting in death LAST.		Due to (or as a consequence of)		Due to (or as a consequence of)		53. DATE REGISTERED	
54. IF FEMALE, WAS THERE A PREGNANCY IN THE LAST 12 MONTHS? YES — NO		55. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		56. DATE OF SURGERY (Month, Day, Year)		57. DATE OF SURGERY (Month, Day, Year)		58. DATE OF SURGERY (Month, Day, Year)	
59. DATE OF INJURY (Month, Day, Year)		60. TIME OF INJURY		61. INJURY AT WORK? (Yes or No)		62. DESCRIBE HOW INJURY OCCURRED		63. DATE OF SURGERY (Month, Day, Year)	
64. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		65. LOCATION (Street and Number or Rural Route Number, City or Town, State)		66. DATE OF SURGERY (Month, Day, Year)		67. DATE OF SURGERY (Month, Day, Year)		68. DATE OF SURGERY (Month, Day, Year)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: [Signature] Chief Deputy Registrar

WARNING:

8245937

CERTIFICATION OF VITAL RECORD

H00000009774 1