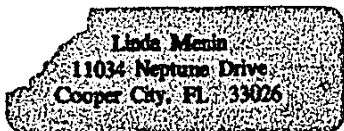


P95000012627

Requestor's Name



300002107743--0
-03/10/97--01002--001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 MAR 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signatures and initials, including "P95000012627" and "P95000012627".



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1997

LINDA MENIN
11034 NEPTUNE DR.
COOPER CITY, FL 33026

SUBJECT: PAST POSSESSIONS, INC.
Ref. Number: P95000012627

We have received your document for PAST POSSESSIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

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 (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 097A00012240

RECEIVED
97 MAR 17 AM 8:54
DIVISION OF CORPORATIONS

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

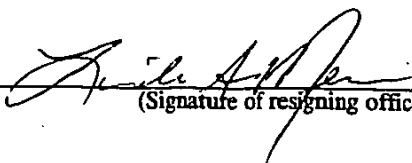
OFFICER / DIRECTOR RESIGNATION

I, Linda A. Menin, hereby resign as Director
(Title)

of Past Possessions, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILED
97 MAR 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

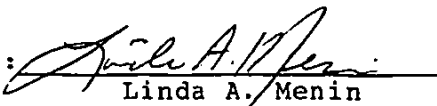
RESIGNATION OF CORPORATE DIRECTOR AND OFFICER

Gentlemen:

I, LINDA A MENIN, hereby tender my resignation as Director and Officer of PAST POSSESSIONS, INC., a Florida corporation, to take effect as of this 15 day of November, 1995.

Dated this 15 day of November, 1995.

By:


Linda A. Menin

P95000014702
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: GIBBS & CRAZE, P.A. EIN or SS#: 59-329-8793

Address: 51066 SEMINOLE BLVD. SUITE 2
SEMINOLE, FL 34642

Amount: \$138.75 Date Paid 4/17/96

Reason for claim: OVERPAYMENT OF AMENDED AE
PC150000014702
LES LIE SELLERS

Certified true and correct this 5th day of March, 19 97.

Signature David E. Gibbs

* 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>138.75</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>010271032</u> dated <u>4/17/96</u>	
Name of Account _____	
45202130001453000000000010000	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____	
452021300014530000000022002000	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	
(Agency)	(Authorized Signature and Title)