P950000013130

TRANSMITTAL LETTER

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

SUBJECT : **ORLANDO VISITORS INFORMATION CENTER INC.**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

✓ $ 131.25

Filing fee, Certified Copy
& Certificate

FROM :   BRIAN F. TOLAN
          4834 W. HWY 192
          KISSIMMEE   FL. 34746

          (407) 396 - 1883

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I   NAME

The name of the corporation shall be :

ORLANDO VISITORS INFORMATION CENTER INC.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be :

4834 W. HWY 192, KISSIMMEE, FLORIDA 34746

ARTICLE III   SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is :

ONE THOUSAND

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

BRIAN F. TOLAN   4834 W. HWY 192, KISSIMMEE , FL. 34746

ARTICLE V   INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to the Articles of Incorporation is (are) :

BRIAN F. TOLAN
4834 W. HWY 192
KISSIMMEE
FL. 34746

MARTIN J. TOLAN
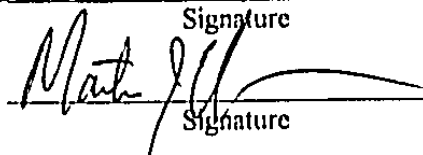4834 W. HWY 192
KISSIMMEE
FL. 34746

MILAD CHATER
8000 INTERNATIONAL DV. STE 9
ORLANDO
FL. 32819

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

THIRTEENTH day of FEBRUARY , 19 95 .

_____
Signature

_____
Signature

_____
Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : ORLANDO VISITORS INFORMATION
CENTER INC.

2. The name and address of the registered agent and office is :

BRIAN F. TOLAN

4834 W. HWY 192

KISSIMMEE   FL. 34746

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____
Signature

2/13/95
Date

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

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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: _ORLANDO VISITORS INFORMATION CENTER, INC._ EIN or SS#: _59-3300020_

Address: _4834 WEST HIGHWAY 192_

Kissimmee, FL 34746

Amount: _$225_ Date Paid _7-26-96_

Reason for claim: _P950000013130 duplicate_
filing and in AK

Certified true and correct this _3RD_ day of _September_, 19 _96_.

Signature _John R. Page_

* 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 $* _225_.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. _97431 N4_ *dated* _7-26-96_.

Name of Account _____

4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 1 0 0 0 0

Statutory Authority for Collection _607_

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 2 2 0 0 2 0 0 0

Certified true and correct this _____ *day of* _____, 19 ____.

Department of State, Division of Corporations _____
(Agency)   (Authorized Signature and Title)