

(2)

# P95000090007

## 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: Brian Hersh EIN or SS#: 264-58-7561

Address: 19 West Flagler Suite 602, Biscayne Building  
Miami, Florida 33130

Amount: \$87.50 Date Paid \_\_\_\_\_

Reason for claim: Registered agent already charged. This fee for changing - unnecessary

For: TOP-MED INTERNATIONAL DISTRIBUTORS, INC., #P95000090007

Certified true and correct this 3 day of Feb, 1997.

Signature [Signature]

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

Velma Shepard - Amendment Section

*For Agency Use Only*

Agency recommends approval of above claim and submits the following information to substantiate the claim. Amount of recommended refund \$ 87.50

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 1086-007 dated 01/23/97

Name of Account: \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection \_\_\_\_\_

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

NAME OF ACCOUNT: 507.0129  
45202130001453000000022002000

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

P95000090007

LAW OFFICES  
BRIAN R. HERSH  
SUITE 602 BISCAYNE BUILDING  
19 WEST FLAGLER STREET  
MIAMI, FLORIDA 33130-4477  
TELEPHONE (305) 371-6294

BRIAN R. HERSH  
MARSHA B. HERBERT  
ROBERT G. BELLO

TELEFAX (305) 371-2413

January 21, 1997

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

Re: Top-Med International Distributors, Inc.  
Our File No: 100344

400002065794--2  
-01/23/97--01033--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Gentlemen:


Enclosed please find a Resignation of Registered Agent and a check in the amount of \$87.50.

I also enclose herein a new Registered Agent form. Please note your records accordingly.

Very truly yours,

LAW OFFICES OF BRIAN R. HERSH

BY

  
BRIAN R. HERSH, ESQUIRE

BRH:kh

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 30, 1997

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2359

BRIAN R. HERSH, ESQ.  
19 WEST FLAGLER ST., STE. 602  
MIAMI, FL 33130-4477

SUBJECT: TOP-MED INTERNATIONAL DISTRIBUTORS, INC.  
Ref. Number: P9500009007

We have received your document for TOP-MED INTERNATIONAL DISTRIBUTORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

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) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 397A00004805