

P96000001559

Tonya VanFossen
Accounting and Tax Preparation
Individual & Business

A Tax Shelter

3704 US Hwy. 301
Ellenton, FL 34222
(941)722-0470
Fax : (941)722-2411

FILED
99 AUG -2 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7/28/99

Florida Dept. of State,

Mountbell Academy, Inc would like to dissolve
it's Corporate status.

The company did not issue stock. Shareholders
consist of Dr. Mark Fritz, President and Dr. Angela
Fritz, Secretary and Treasurer.

The company did not generate any revenues
or expenses for 1998.

700002948177--D
-08/02/99--01151--018
*****35.00 *****35.00

The Fritz are out of the country at this
time and had been under the assumption that
AmeriLawyer, of Coral Gables, FL would handle dissolution
earlier this year. A FAX copy is Attached sent to them
and signed by Dr Mark Fritz.

He has asked that I handle this matter with
my power of Attorney.

Sincerely,

Tonya VanFossen

7. LEWIS AUG 10 1999

ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Mountbell Academy, Inc

SECOND: The date dissolution was authorized: 12/31/1998

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 28 day of July, 19 99.

Signature

Tonya VanFossen

(By the Chairman or Vice Chairman of the Board, President, or other officer)

TONYA VANFOSSEN

(Typed or printed name)

Representative

(Title)

MOUNTBELL ACADEMY, INC.

5906 Majestic Way
Palmetto, FL 34221 U.S.A
Tel. 941-723-6337
Fax 941-723-6337

Fax

AmeriLawyer
343 Almeria Avenue
Coral Gables, FL 33134

November 16, 1998

Gentlemen:

Please be advised that this company has formally ceased operation on November 15, 1998 because of no activity between January 1, and November 15, 1998.

Thank you.

Sincerely yours,

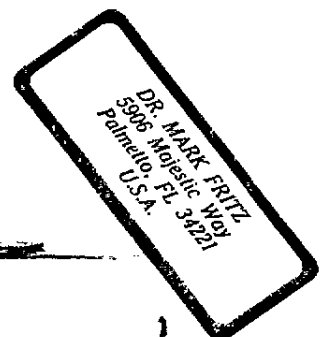


(President)

cc: Miss Tonya VanFossen, A Tax Shelter, Ellenton, FL

P.S. "Mark Fritz Intl." is not
affected.

New 2nd company will be formed
in early 1999. Reports, UHP



Power of Attorney and Declaration of Representative

OMB No 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date _____

Part I Power of Attorney (Please type or print.)

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

Mountbell Academy, Inc
5906 majestic way
Palmetto, FL 34221
us

Social security number(s)

Employer identification number

65-0641463

Daytime telephone number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

Tonya Vanfassen
3704 us Hwy 301 N, Ste 1
Ellenton, FL 34222

CAF No. *7806-04519 R*

Telephone No. *(941) 722-0470*

Fax No. *(941) 722-2411*

Check if new: Address ☐

Telephone No. ☐

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐

Telephone No. ☐

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐

Telephone No. ☐

Name and address

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.)

Tax Form Number (1040, 941, 720, etc.)

Year(s) or Period(s)

Income

1120

1998, 1997

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4--Specific uses not recorded on CAF.) ☐

5 Acts Authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5--Acts authorized).

List any specific conditions or deletions to the acts otherwise authorized in this power of attorney: _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470 for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of Refund Checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

JTA For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

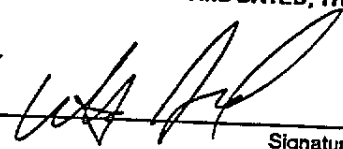
7 Notices and Communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

- ☐ a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box
- ☐ b If you also want the second representative listed to receive a copy of such notices and communications, check this box
- ☐ c If you do not want any notices or communications sent to your representative, check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on the file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of Taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

X 
 Signature

4/12/99
 Date


 Title (if applicable)

Print Name

Signature

Date

Title (if applicable)

Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation—Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
<i>h</i>	<i>Florida</i>	<i>Tanya Vartosh</i>	<i>4/12/99</i>