

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

P9600000 7235

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

1. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

000002242770--2
-07/16/97--01057--001
*****78.88 *****35.00

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

APPROVED
AND
FILED
97 JUL 15 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

OK Res
7-15-97
354

Examiner's Initials

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

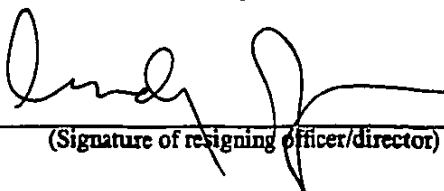
OFFICER / DIRECTOR RESIGNATION

I, CINDY RAGAN, hereby resign as SECRETARY
TREASURER
VICE - PRESIDENT
(Title)

of FutureVision Incorporated
(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 15 PM 1:35

APPROVED
AND
FILED

FILING FEE IS \$35.00

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

P96000025348

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: CR1 Recoveries Inc EIN or SS#: 65-0653837

Address: 1001 W. Cypress Creek Rd, Suite 207
Ft Lauderdale, FL 33

Amount: \$165.00 Date Paid _____

Reason for claim: Corp. merged, no AIR required - P96000025348
6/25/97

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

Signature [Signature]

* 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>165.00</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>91244</u> dated <u>6-17-97</u>	
Name of Account	<u>452021300014530000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Authorized Signature and Title)

P96000014789

Natasha Rodriguez
16099 SW 138 Place
Miami FL 33177

900002241579--9

-07/18/97--01082--025

*****87.50 *****35.00

87.50

RECEIVED

97 JUN -4 AM 9:00

DIVISION OF CORPORATIONS

FILED

97 JUL 17 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Done
7/17

~~1076~~ 558

Officer Resig.

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

OFFICER / DIRECTOR RESIGNATION

FILED
97 JUL 17 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Zoila Marrugo, hereby resign as Secretary
(Title)
of I & N Medical Equipment & Supply, Inc.
(Name of Corporation)
a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 12, 1997

NATASHA RODRIGUEZ
16099 S.W. 138 PLACE
MIAMI, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC.
Ref. Number: P96000014789

We have received your document for I & N MEDICAL EQUIPMENT & SUPPLY, INC.. However, the document has not been filed and is being returned for the following:

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) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 597A00031643



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 26, 1997

NATASHA RODRIGUEZ
16099 S.W. 138 PLACE
MIAMI, FL 33177

SUBJECT: I & N MEDICAL EQUIPMENT & SUPPLY, INC.
Ref. Number: P96000014789

We have received your document for I & N MEDICAL EQUIPMENT & SUPPLY, INC.. However, the document has not been filed and is being returned for the following:

The document must be signed by the resigning officer/director.

The fee to file articles of amendment is \$35. For each certified copy requested, please add an additional \$52.50.

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) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 397A00033767



PHOENIX AIRLINE SERVICES, INC.

P96000052539

Monday, July 7, 1997

Subject: Address change for Phoenix Airlines Services, Inc.

Effective July 16, 1997 all correspondence and invoices should be mailed to the following address:

Phoenix Airlines Services, Inc.

1689 Nonconnah Boulevard

Suite 111

Memphis, TN 38132

Attn: Becky Bolling

Telephone: (901) 348-4100

Facsimile : (901) 348-4130

Please update your records accordingly. Thank you.

**Becky Bolling
Accounts Payable Supervisor**

*A. Alan
7/15/97*