

MAR-21 1996 12:04 PM

TO: DIVISION OF CORPORATIONS FROM: ENRIE CONROBE K T COMPANY
STATE OF FLORIDA
409 EAST GINE STREET
TALLAHASSEE, FL 32309

FAX: (904) 922-4000

CONTACT: RAY STORMONT
PHONE: (305) 541-3894
FAX: (305) 541-3770

SUITE 200
MIAMI FL 33135- 80-

(((H960000004097)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: CRI RECOVERIES, INC.
FAX AUDIT NUMBER: H960000004097
DATE REQUESTED: 03/21/1996
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: \$122.50

CURRENT STATUS: REQUESTED
TIME REQUESTED: 12:04:37
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 072450003255

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(((H960000004097)))
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NUM Connect: 00:04:5

FILED
96 MAR 21 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/21

OPTIONAL FORM NO. 10

96 MAR 21 PM 1:12

RECEIVED

Richard H. Breit
 FBN. 283436
 3111 Stirling Rd.
 Fort Laud., FL. 33312
 (905) 985.4111

ARTICLES OF INCORPORATION
 OF
 CRI RECOVERIES, INC.

ARTICLE I
 NAME

The name of this Corporation is CRI RECOVERIES, INC.

ARTICLE II
 PURPOSES

This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under Chapter 607 of the Florida Statutes.

ARTICLE III
 STOCK

This Corporation is authorized to issue 1000 shares of common stock with a par value of \$.01 per share.

ARTICLE IV
 REGISTERED AGENT

The street address of the initial registered office of this Corporation is 3111 Stirling Road, Fort Lauderdale, FL 33312, and the name of the initial registered agent at that address is Richard H. Breit.

ARTICLE V
 DIRECTORS

This Corporation shall have one director initially. The number of directors may be increased or diminished from time to time as provided in the Bylaws, but shall never be less than one. The name and address of the initial director of this Corporation is Richard Rettstadt, 1001 NW 62nd Street, Suite 200, Fort Lauderdale, FL 33309.

ARTICLE VI
 INCORPORATOR

The name and address of the incorporator of this Corporation is Richard H. Breit, 3111 Stirling Road, Fort Lauderdale, FL 33312.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**ARTICLE VII
ADDRESS**

The principal office and mailing address of the corporation is 1001 NW 62nd Street, Suite 200, Fort Lauderdale, FL 33309.

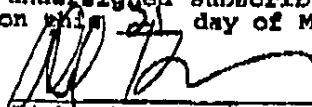
**ARTICLE VIII
INDEMNIFICATION**

This Corporation shall indemnify, defend, save and hold harmless and insure its officers and directors to the fullest extent permitted by law either now or hereafter.

**ARTICLE IX
PERPETUAL EXISTENCE**

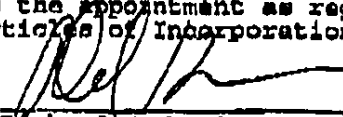
This Corporation shall have perpetual existence unless sooner dissolved as provided by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 21 day of March, 1996.


Richard H. Breit, Incorporator

**ACCEPTANCE OF APPOINTMENT
OF
REGISTERED AGENT**

The undersigned hereby accepts the appointment as registered agent contained in the foregoing Articles of Incorporation.


Richard H. Breit

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SECRETARY OF STATE

P96000025348

ARTICLES OF MERGER
Merger Sheet

.....
MERGING:

CRI RECOVERIES, INC., a Florida corporation P96000025348

INTO

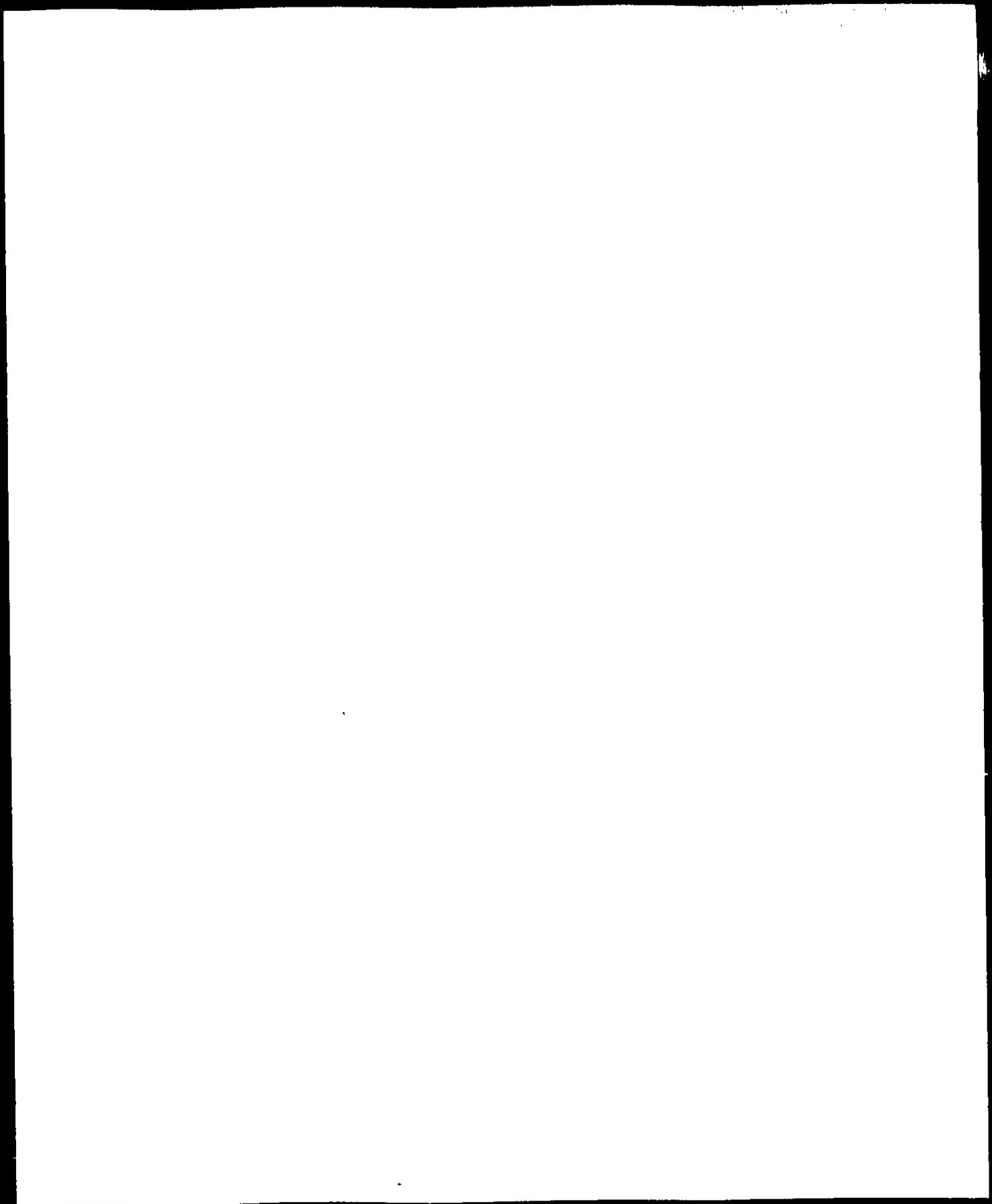
COMMUNICATION RESOURCES, INC., a Florida corporation, P95000041433

File date: April 22, 1997

Corporate Specialist: Annette Hogan

Account number: 072100000032

Account charged: 122.50



P96000025348
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#: 65-0653337

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

Amount: \$165.00 Date Paid _____

Reason for claim: Corp. merged, no AR required - P96000025348
SPY 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>91941804</u> dated <u>06-17-97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Authorized Signature and Title)