

P97000014519

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.
THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	BAILEY & JONES	EIN or SS#:	
Address:	501 BRICKELL KEY DRIVE, SUITE 300		
	MIAMI, FL 33131-2623		
Amount:	\$52.50	Date Paid:	
Reason for Claim:	DUPLICATE FILING FEES		
	T. BROWN/AMENDMENTS		
	P97000014519	S.T.P. PROPERTIES CORPORATION	
Certified true and correct this _____ day of _____, 19 _____.			
Signature _____			

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

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ 52.50	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No.	01110--012 dated 07/22/97
NAME OF ACCOUNT:	45202130001453000000000010000
Statutory Authority for Collection	607.0122
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	452021300014530000000022002000
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)

P97000014519

Bailey & Jones

A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

COURVOISIER CENTRE
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI, FLORIDA 33131-2623
TEL. (305) 374-5505
FAX (305) 374-6715
E-MAIL: bailey-jones@worldnet.att.net

July 18, 1997

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

000002244170--3
-07/22/97--01110-012
*****52.50 *****52.50

RE: AMENDMENT OF ARTICLES OF INCORPORATION OF S.T.P.
PROPERTIES CORPORATION

Gentlemen:

Enclosed is this firm's check in the amount of \$52.50, which amount represents the fee to amend the articles of incorporation for S.T.P. Properties Corporation.

Please amend this corporation at your earliest convenience and forward a copy to my attention.

Thank you for your consideration in this matter. If you have any questions or problems, please do not hesitate to call me.

Very truly yours,

BAILEY & JONES
A professional association

Charisse C. Delgado

Charisse C. Delgado
Paralegal

Enclosure

Amend. & N/C

RAUL A. ARENCIBIA
GUY B. BAILEY, JR.
ELIZABETH S. BAKER
SCOTT L. CAGAN
STEVEN CARLYLE CRONIG
JAMES C. CUNNINGHAM, JR.
JESSE C. JONES
KARIN B. MORRELL

OF COUNSEL
J. BRUCE IRVING
ROBERT E. SCHUR

SENIOR COUNSEL
WM. R. DAWES



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 28, 1997

CHARISE C. DELGADO
COURVOISIER CENTRE
501 BRICKELL KEY DR., STE. 300
MIAMI, FL 33131-2623

SUBJECT: S.T.P. PROPERTIES CORPORATION
Ref. Number: P97000014519

We have received your document for S.T.P. PROPERTIES CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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 (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 397A00037831

PLEASE CREDIT OUR ELECTRONIC
ACCOUNT \$52.50 FOR CHECK
ALREADY DEPOSITED.