

# P970000 Z4769

## CAPITAL CONNECTION, INC.

417 S. Pala St., Suite 1, Tallahassee, FL 32301, (904) 221-0070  
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302  
 TOLL FREE No. 1 800 342 0062  
 FAX (904) 222 1222

RE: The Kraft C24W  
Office P.A.

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To Us via \_\_\_\_\_ Return via \_\_\_\_\_

Master No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Out \$ \_\_\_\_\_

	C.C. FEE.	DISC
Capital Express™		
Art. of Inc. Filing		
Corp. Record Search		
Std. Partnership Filing		
Foreign Corp. Filing		
( ) Cert. Copy(s)		
Art. of Amend. Filing		
Dissolution/Withdrawal		
C U.S.		
Field/Outs. Hand Filing		
Name Reservation		
Annual Report/Notarization		
Reg. Agent Service		
Document Filing		
Corporate Kill		
Vehicle Title - 03/20/97 - 01840 - 012		
Driving Record *****35.00 *****35.00		
Document Retrieval		
UCC 1 or 3 Filing		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prop.		
FAX ( ) _____ pgs.		

SUBTOTALS \_\_\_\_\_

fee.....	
bushouse.....	
sunshine.....	
TAX on corporate application.....	
SUBTOTAL.....	
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 10% per Annum

THANK  
 From  
 Your Capital C

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/20/97		
TIME	10:00		ck No. _____
BY	CD		

WALK IN  
 Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 20, 1997

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: THE TRAFFIC LAW OFFICE, P.A.  
Ref. Number: P97000024769

We have received your document for THE TRAFFIC LAW OFFICE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

THE INCORPORATOR IS CAPITAL CONNECTION, NOT MARY O. MAGAZINE.

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) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 697A00014144

RECEIVED  
97 MAR 20 PM 1:12  
DIVISION OF CORPORATIONS  
*Corrected*  
*[Signature]*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

THE TRAFFIC LAW OFFICE, P.A.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

Article One: shall now read:  
TRAFFIC LAW CENTER, P.A.

Article Eleven: shall now read:  
MARGY O. MAGAZINE - PRESIDENT & SECRETARY  
JOEL R. MAGAZINE - VICE PRESIDENT & TREASURER

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 3/19/97

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were  
sufficient for approval by \_\_\_\_\_"

voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 19<sup>th</sup> of March, 19 97.

Signature

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Capital Connection / Capital Hugger  
Typed or printed name

Incorporator  
Title

P97000025099

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: Adem A. Albra EIN or SS#: \_\_\_\_\_

Address: 921 Center Street  
Key West, FL 33040

Amount: \$122.50 Date Paid \_\_\_\_\_

Reason for claim: Overpayment, 2 checks sent for articles

CORVO ENTERPRISES, INC.

S. TALA/NEW FILINGS

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

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 \$ 122.50

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. -01028-005 dated 11/05/97

Name of Account \_\_\_\_\_

**4520213000145300000000010000**

Statutory Authority for Collection 607.0122

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

NAME OF ACCOUNT: \_\_\_\_\_

**45202130001453000000022002000**

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

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)