S 5 GICF IF THE CATION FO IN FUND

FDOC, INC.

Name:

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.

শূৰ্মান্ত্ৰীক্তাকুট্

__ EIN or SS#: _65-0269294

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 607 *, 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.

Address:	639 U.S	639 U.S. Highway One				
	North	Palm Beach, F	1 33408	 		
Amount: _	\$35.00	Date Paid	06-25-97	<u> </u>		
Reason for	claim: <u>Over</u>	payment of ani	nual report fees.			
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<u> </u>	· · · · · · · · · · · · · · · · · · ·	25	C. Yung		97	
Certified to	rue and correct	this 25 do	ay ofJune		, 19 97.	
		signature re				
* Must be o	completed if aut	hority is other th	han Section 215.26, Flori	da Statutes.		
Agency re	commends approv	For. al of above claim a	Agency Use Only	mation to		
The Best Hill Care and the			mended refund \$ 35.00			
and the country of the country of the	Commission of the state of the	This is the telegraph of the best of the telegraph.	osited into the State Treasury.	as a part of the ful	nds deposited on	
Name of A	Account 1 1 4 5 2	Allibina Alkarjudalara: Pikkusi seka		L O O O O		
Sightfor		cton 60				
It is reque	≓cd that payment i	e made from the fo	lowng account:			
NAME O	FACCOUNT:					
			4530000000220	02000		
Certified	irue and correct th	is the day of				
Departme	ent of State. Division	n of Corporations	(Authorized Signature and Title			