

No 2 00000 4907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

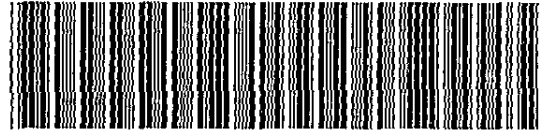
(Business Entity Name)

(Document Number)

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Handwritten signature and initials, including a circled 'C' and '30'.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN ENTERPRISE MEMORIAL ASSOC INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N 020000064907

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT WATSON  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

PO Box 00247  
(Address)

MIAMI FL 33200-0247  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT WATSON at ( 954 ) 232 0851  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT WATSON, hereby resign as CEO AMERICAN  
(Title)

of AMERICAN CHIROPRACTIC NUTRITION ASSOC. INC  
(Name of Corporation)

N02000006 4907, a corporation organized under the laws of the State of  
(Document Number, if known)

[Signature]  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314