

PO1000096456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

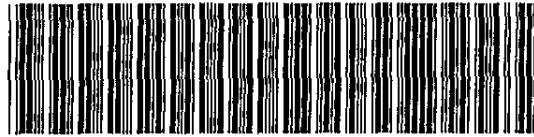
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/05--01027--028 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

✓ 0/0 Resign.
06/15/05
Dc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Model Works International
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Julie Andersen
(Name of Person)

Model Works International
(Name of Firm/Company)

10790 NW 53 ST
(Address)

SUNRISE FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim LaPolla at (954) 696-5037
(Name of Person) (Area Code & Daytime Telephone Number)

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

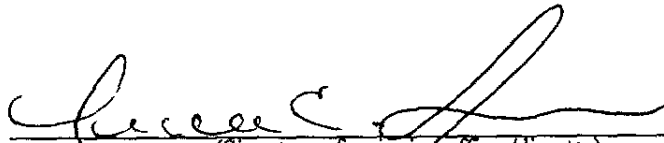
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JULIE ANDERSEN, hereby resign as SECRETARY TREASURER
(Title)
of MODEL WORKS INTERNATIONAL, INC.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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