

P 940000 21930

ROBERT F. VASON, JR., P.A.  
ATTORNEY AT LAW  
225 WEST FIFTH AVENUE  
POST OFFICE BOX 1430  
MOUNT DORA, FLORIDA 32757

TELEPHONE (352) 383-4151  
FACSIMILE (352) 383-2311

ROBERT F. VASON, JR.  
SUZANNE ANDREWS, ASSOCIATE

September 29, 1997

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

000002311060--4  
-10/03/97--01050--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

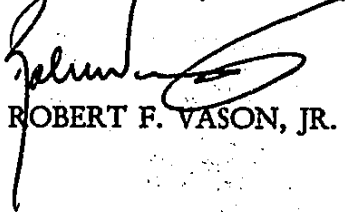
Re: D.P. Venture, Inc.

Dear Sir or Madam:

Enclosed please find original and one photocopy of the Articles of Dissolution for D.P. Venture, Inc., for filing with your office. I also enclose a check in the amount of \$35.00 which represents the appropriate filing fee. If you would please mail the verification copy of the filed Articles of Dissolution back to our office, it would be most appreciated.

Should you have any questions, please do not hesitate to contact me.

Yours very truly,

  
ROBERT F. VASON, JR.

FILED  
97 OCT -3 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RFV/kkm  
Enclosures

cc: Mr. Geoffrey F. Presson

CRS  
10-8

ARTICLES OF DISSOLUTION  
OF  
D.P. VENTURE, INC.

FILED  
97 OCT -3 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution:

FIRST: The name of the Corporation is D.P. VENTURE, INC.

SECOND: The Dissolution was authorized on September 13, 1997.

THIRD: The Dissolution was approved by the shareholders. The number of votes cast in favor of the Dissolution was 100 Shares, which was sufficient for approval pursuant to law.

FOURTH: These Articles of Dissolution will take effect September 15, 1997.

DATED this 13 day of SEPTEMBER, 1997.

D.P. VENTURE, INC.

BY: x Marie T.E. Depaz  
MARIE T.E. DEPAZ, President

STATE OF New York  
COUNTY OF LIVINGSTON

The foregoing instrument was acknowledged before me this 13 day of SEPTEMBER, 1997 by MARIE T.E. DEPAZ

- ( ) who is personally known to me and did not take an oath.
- who has produced FLORIDA LICENSE - D120-555-26-949-Cas identification and did take an oath stating she was indeed the person set forth herein.

Thomas Shurin  
NOTARY PUBLIC

(Type or Print Notary Name)

Serial No., if any \_\_\_\_\_

My Commission Expires \_\_\_\_\_

THOMAS E. SHURIN  
Notary Public, State of New York  
Qualified in Livingston County  
My Commission Expires 12/31/97