

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: American Cold Transfer Inc.

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

P 94 0000 75 653

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

Slate Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
Capital Express _____		
Art. of Inc. File _____		
Corp. Record Search _____		
Ltd. Partnership File _____		
Foreign Corp. File _____		
() Cert. Copy(s) _____		
Art. of Amend. File _____		
Dissolution/Withdrawal _____		
C U S - _____		
Fictitious Name File _____		
Name Reservation _____		
Annual Report/Reinstatement _____		
<input checked="" type="checkbox"/> Reg. Agent Corp Resignation _____		
Document Filing _____		
Corporate Kit _____		
Vehicle Search _____		
Driving Record _____		
Document Retrieval _____		
UCC 1 or 3 File _____		
UCC 11 Search _____		
UCC 11 Retrieval _____		
File No.'s, _____		
Courier Service _____		
Shipping/Handling _____		
Phone () _____		
Top Priority _____		
Express Mail Prep. _____		
FAX () _____		

97 MAR 20 AM 11:34
 DIVISION OF CORPORATION

RECEIVED

RA Resign
3/24/97
OC

SUBTOTALS _____

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

97 MAR 20 PM 2:22
 STATE OF FLORIDA

FILED

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____

DATE 3/24/97 _____

TIME _____ CK No. _____

BY AAP _____

WALK-IN Will Pick Up _____

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, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.
(Name of registered agent)

hereby resigns as Registered Agent for American Cold Transfer, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31 st day after the date on which
this statement is filed.

[Handwritten Signature]
(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

FILED
97 MAR 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation