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FILED STATE SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
JUN 26 AM 9:49

INSURANCE PLUS

4975 E. 4th Avenue
Hialeah, FL 33013
(305) 685-6166

Cl

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____
- Mail out Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

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*****35.00 *****35.00

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

o/d resign

V SHEPARD JUL 12 2000

Examiner's Initials

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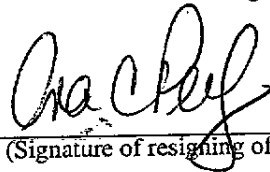
OFFICER / DIRECTOR RESIGNATION

I, ANA C. PEREZ, hereby resign as DIRECTOR
(Title)

of INSURANCE PLUS SO. FLA. INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00