

T99000085163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

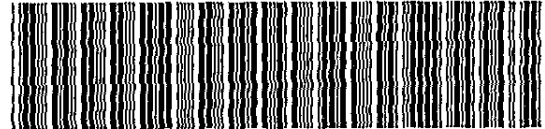
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400030465764

03/22/04--01015--014 \*\*35.00

DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA  
04 MAR 19 PM 4:45

FILED

Ps 3/24/04  
DSS

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P99 0000 85/63

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS M. DUFFY  
(Name of Person)

INFORMATION INTEGRATORS, INC.  
(Name of Firm/Company)

339 SANTA MARTA STREET, S.W.  
(Address)

PALM BAY, FL 32909  
(City/State/and Zip Code)

For further information concerning this matter, please call:

THOMAS M. DUFFY at (321) 693-0626  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

INFORMATION INTEGRATORS, INC.

SECOND: The document number of the corporation (if known): P99000085163

THIRD: The date dissolution was authorized: 12-31-2003

Effective date of dissolution if applicable: 12-31-2003 (no more than 90 days after dissolution date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_ (voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature: Thomas M. Duffy (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

THOMAS M. DUFFY (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

Filing Fee: \$35

FILED 04 MAR 19 PM 4:45 DEPT. OF STATE TALLAHASSEE, FLORIDA