Thomas Reque 16 Chest	estor's Name /5 I ruf Circle Address Ty, Hy, Phone #	7453	56
City/State/Zip	p / Phone #	Office Us	e Only
CORPORATION NA	AME(S) & DOCUMENT NU	MBER(S), (if known):	
1. no vehi	rn address one	nvelope	
(Согрога	ition Name) (Document #)	-
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□ Walk in □	Pick up time	_ Certified Copy	Ξ
	Will wait Photocopy		
- Mail out	will wait Photocopy	Certificate of S	tatus
NEW FILINGS	AMENDMENTS	o constructivale Augustus (1994) Augustus (1994)	omanaaraa7.
Profit	Amendment		-04/08/9901083002
NonProfit	Resignation of RA., Officer/Di	rector	*****35.00 *****35.00
Limited Liability	Change of Registered Agent		ž
Domestication	Dissolution/Withdrawal		99 TALL
Other	Merger		
OTHER FILINGS Annual Report	REGISTRATION/S: QUALIFICATION	· - -	FILED APR -7 PM 3: 57 RETARY OF STATE AHASSEE, FLORIDA
Fictitious Name	Foreign		ORIE ORIE
Name Reservation	Limited Partnership		A 57 F
	Reinstatement		_
	Trademark		- 1000i
	Other	_	APR 4 3 19991

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF BROWARD
I, Thomas c. MYERS after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
I, Thomas Myers, hereby resign as President of (Title) Myers Investigative Consultants, a Florida corporation; (Name of Corporation)
That the corporation has been notified in writing of the resignation.
Signature of resigning officer/director:
Sworn to and subscribed before me this
Den Jaman De
VERA PAMPINELLA COMMISSION # CC 505176 EXPIRES CCT 24, 1990 BONDED THAT ATLANTIC BONDENS CO., INC.

FILING FEE IS \$35.00