346386

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2

(Address)
Tallahassee, FL 32301 _(904) 656-3992 OFFICE USE ONLY

(City, State, Zip) (Phone #)

300002691393--6 -11/19/98--01042--011 *****35.00 ******35.00

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

1. Panoramo	- Inn or I	Torida, Inc	34	6336
	(Corporation Name)		nent #)	$A \cdot \sim$
2. (Corp	oration Name)	(Docur	nent #)	
3. <u>(Con</u>	oration Name)	(Docum	ment #)	98 N
4.	poration Name)	(Docu	nent #)	AHAN T
Walk in Mail out	Pick up time		Certified Co	E B C
NEW FILINGS	AME	NDMENTS		
Profit	Amendmen	t		
NonProfit	Resignation	of R.A., Officer/Director		
Limited Liability	Change of F	Registered Agent		
Domestication	Dissolution/	Withdrawal		
Other	Merger			
OTHER FILINGS	REGISTR QUALIFIC			
Annual Report	Foreign			
Fictitious Name	Limited Par	tnership		
Name Reservation	Reinstatem	ent		
	Trademark		ſ	Examinado Initialo

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subm following articles of dissolution: PANORAMA INN OF FLORIDA, INC. The name of the corporation is: FIRST: November 3, 1998 SECOND: The date dissolution was authorized: THIRD: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by vote 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) November Signed this 4th day of_ (By the Chairman or Vice Chairman of the Board, President, or other officer) MOHAN VACHANI (Typed or printed name) VICE PRESIDENT

(Title)