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98 APR -9 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name
See next page
Address
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) **800002484078--9**
-04/03/98 81864-005
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS APR 15 1998

RA resig

CT CORPORATION SYSTEM

1633 Broadway
New York, NY 10019
Tel. 212 246 5070

March 31, 1998

RE: DITEL, INC. (NC. DOM.)
DOLPHIN COMPUTER SYSTEMS, INC. (OH. DOM.)
BARRY E. DOTSON & ASSOCIATES, INC. (TN. DOM.)
DRESS TO THE NINES OF NASHVILLE, INC. (TN. DOM.)
DREXEL BURNHAM LAMBERT INSURANCE AGENCY
INC. (FL. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 5 checks in the amount of \$35.00 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM



Theresa Alfieri
Senior Supervisor

TA: lk
enclosure



Florida Department of State, Jim Smith, Secretary of State

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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for DREXEL BURNHAM LAMBERT INSURANCE AGENCY, INC.
(name of corporation) FLORIDA

ORGANIZED UNDER THE LAWS OF THE STATE OF _____

A copy of this resignation was mailed to the above listed corporation at its last known address. c/o Drexel Burnham Lambert Inc.

450 Lexington Ave.

New York, N.Y. 10017

Att: Burton M. Fendelman, Attorney

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Shere Alfieri
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation