



THE UNITED STATES
CORPORATION
COMPANY

A12388

ACCOUNT NO. : 072100000032

REFERENCE : 644904 82866A

AUTHORIZATION :

COST LIMIT : \$ 52.50

Patricia Pizut

97 DEC 22 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ORDER DATE : December 22, 1997

ORDER TIME : 11:24 AM

ORDER NO. : 644904-005

CUSTOMER NO: 82866A

CUSTOMER: Ronald L. Clark, Esq
Clark & Campbell, P.a.
Post Office Box 6559
4740 Cleveland Heights Blvd.
Lakeland, FL 33813

8000002379078-7

DOMESTIC FILINGS

NAME: SKYVIEW UTILITIES, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED
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DIVISION OF CORPORATIONS

12/22/97
H/H

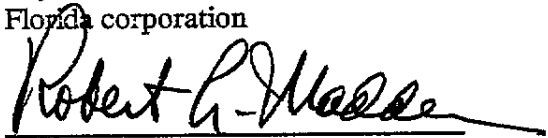
**CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP OF
SKYVIEW UTILITIES, LTD.
A Florida limited partnership**

The undersigned General Partner, desiring to cancel the limited partnership pursuant to the Florida Uniform Limited Partnership, hereby states:

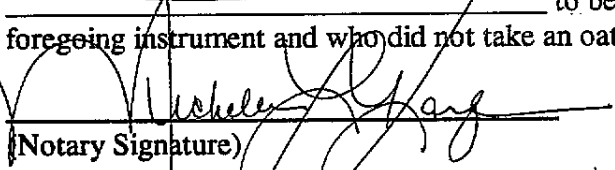
1. The name of the Partnership is SKYVIEW UTILITIES, LTD.
2. The date of filing of the Certificate of limited partnership was April 16, 1982
3. By the agreement of the General Partners and seventy-five percent in interest of the Limited Partners, an event specified in writing in the partnership agreement, SKYVIEW UTILITIES, LTD., will be dissolved.
4. This Certificate of Cancellation shall be effective as of the dating of filing with the Secretary of State.

IN WITNESS WHEREOF, this Cancellation of Certificate of Limited Partnership has been executed on behalf of the sole General Partner of SKYVIEW UTILITIES, LTD. this 19th day of December, 1997.

GENERAL PARTNER
Skyview GP, Inc., a
Florida corporation


Robert L. Madden, its President

The foregoing instrument was acknowledged before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ROBERT L. MADDEN, to me personally known or known to me by evidence of identification of _____ to be the person(s) described in and who executed the foregoing instrument and who did not take an oath.


(Notary Signature)

(Name Typed or Printed)

Michelle L. Kaye
Notary Public
State of Florida

My commission expires:

5-10-2000



Michelle L. Kaye
MY COMMISSION # CC560454 EXPIRES
May 10, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

J:SKYVIEW.UTLNDISSOLVE.CET

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TALLAHASSEE
SECRETARY OF STATE