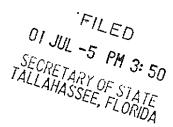
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City/State/Zip Phone #		
	Office Use Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	OI JUL SECRE
(Corporation Name)	(Document #)	TARY OF
2. (Corporation Name)	(Document #)	3: 50 STATE FLORIDA
3(Corporation Name)	(Document #)	<u> </u>
4(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	(Document #) -U ** Certific	cate of Status
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICAT Foreign Limited Partnership Reinstatement Trademark Other	<u>ΓΙΟΝ</u>
CR2E031(7/97)		er's Initials WN JUL - 9 2001



OFFICER / DIRECTOR RESIGNATION

I, Michael D. Louden	, hereby resign as CPST (Title)
of GYM-TEC Services, Inc. (Name of Corpora	tion)
a corporation organized under the laws of the St	ate of <u>Michigan</u>
and affirm that the corporation has been notified	in writing of the resignation.
Michael W	Fresigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314