## F9800003800

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Re	equestor's Name			
GIOO Hou Hollywoo Vity/State	lywood Blod Address d, H 33024- Zip Phone #	7983	-07/23	9398950 /9901047007 10.00 *****35.00
CORPORATION	NAME(S) & DOCUM	ENT NUMBER	(S), (if known):	
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1.				
(Corp	poration Name)	(Document	#) #	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
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3(Cor	poration Name)	(Document	t #)	<b>新岛是</b>
4.				FLOGA STA
(Con	poration Name)	(Document	t #)	Dr.
□i	Pick up time	- F	7	
☐ Walk in	<del></del> -	_	Certified Copy	
Mail out	■ Will wait ■ P	hotocopy	Certificate of State	18
NEW FILINGS	AMENDMENT	i minimi di linguni. Serigi		
Profit	Amendment		·	-
NonProfit	Resignation of R.A.,	Officer/Director	-	
Limited Liability	Change of Registere	d Agent		<del>-</del>
Domestication	Dissolution/Withdra	wal		-
Other	Merger		-	
For the state of t	(A)	eterate rest, - North, conserving		
OTHER FILINGS	REGISTRAT			
Annual Report	QUALIFICA	TION		
Fictitious Name	Foreign		- 1/2 Hai	
Name Reservation	Limited Partnership		Op nes	19-
	Reinstatement			
	Trademark			
	Other		V. SHEPARD	JUL 28 1999
			Evaminar's Initials	

CR2E031(1/95)

## **OFFICER / DIRECTOR RESIGNATION**



Ι,	Jason E. Perlman	hereby resign as	Chairman	
	,		(Title)	
of	MidState Cardservices, Inc.			
	(Name of Corpo	ration)		
a cor	poration organized under the laws of the State of	Delaware		
and a	affirm that the corporation has been notified in wri	ting of the resignation	on.	
	(Signature of res	igning officer/dimeter)	· · · · · · · · · · · · · · · · · · ·	

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