

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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O4 JUN -4 PH 4: 30
TALLAHASSEE, FLORINA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Jupiten Mortance Confortion (Name of Corporation) DOCUMENT NUMBER: H 10179	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GARY W. WINSLOW (Name of Person)	OF JUH
Dupiter Mort 6A6 e Cosp. (Name of Firm/Company)	J4 JUN-4 PH 4: 3U
6531 SE FEDERAL Hwy Bot. K.105 (Address)	FLORIDA
STUART, FL 34997 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (561) 745-1203 (Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GARY W. WENSLOW	, hereby resign as Se	NION V.P + DIRECTOR
of Jupiter Mort	CORPORTION)	ATION.
(Document Number, if known)	a corporation organized under the	he laws of the State of
Florida.		
Duyl	nature of resigning officer/director)	OF JUN-4 PM 4: 30

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314