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Address			EUR STATI
City/State/Z	ip Phone #	Office Use Only	37
CORPORATION N	AME(S) & DOCUMENT NU	MBER(S), (if known):	
1(Corpo	ation Name) (Document #)	
2. (Corpo	ration Name) (1	ーリ2/02/98 Document #) *****437。	7-01022005 50 *****87.50
3(Corpo	ation Name) (Document #)	- Andrews
4(Como	ration Name) (1	Document #)	
Walk in Mail out	Pick up time DO Photocopy	Certified Copy Certificate of Status	
NEWFILINGS	AMENDMENTS	Table 1980 in the second secon	
Profit	Amendment		
NonProfit Limited Liability	Resignation of R.A., Officer/Di Change of Registered Agent	reetor	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	02-02-	78 -
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Examiner's Initials

CR2E031(1/95)



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF DADE
I <u>FFICS Johnson</u> after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
, <u>ERIC S. Johnson</u> , hereby resign as <u>Secretary</u> of (Title)
Community Investment Services, Inc., a Florida corporation (Name of Corporation)
That the corporation has been notified in writing of the resignation.
Signature of regigning officer/dispeter
Signature of resigning officer/director
Sworn to and subscribed before me this
Claure H. Summers NOTARY PUBLIC

My Commission Expires:

CLAIRE H SUMMERS
COMMISSION NUMBER
CC684845
MY COMMISSION EXPIRES
OCT. 27,2001

FILING FEE IS \$35.00