Tack Pen+2 Requester's Name 5/50 Tamiani Iva./ North Address Maples Flu: 54/03 City/State/Zip Phone # 0111-262-4414	3955
/7/	Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #) (Document #
2. (Corporation Name)	(Document #)
3. (Corporation Name)	= (Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Directof Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

OP2E031/7/97

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509	,	
Florida Statutes, the undersigned, <u>Jack Pentz</u> (Name of registered agent)			•
	T;+1e	<u></u>	
A copy of this resignation was mailed to the above listed corporation at its last known	own ado	iress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of resigning agent)	on whi	ich	
If signing on behalf of an entity: (Typed or Printed Name)	SECRETARY OF ST	OO APR I 4 AM 9:	
(Capacity)		8	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)