

L62296



City/State/Zip Phone #

Office Use Only

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

700002880767--8  
-05/20/99--01018--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_  
 Mail out       Will wait       Photocopy

Certified Copy  
 Certificate of State

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 99 MAY 20 PM 2:04  
**FILED**

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

CERTIFIED MAIL # 2 470 432 494  
5/13/99 GENTLEMEN, PLEASE RECORD THE FOLLOWING:

### ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: ASSET RESOURCE GROUP, INC.

SECOND: The filing date of the articles of incorporation was: 4/4/90

THIRD: (CHECK ONE)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 13<sup>TH</sup> day of APRIL, 19 99.

Signature Lamar Parver  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

LAMAR PARVER

(Typed or printed name)

DIRECTOR

(Title)

FILED  
99 MAY 20 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA