mericlaim Ndjustment Corp.

Post Office Box 407003 Fort Lauderdale, FL 33340-7003 (954) 344-0772 Fax (954) 752-5493

April 22, 1999

Department of State PO Box 6327 Tallahassee, FL 32314

Re:

Americlaim Adjustment Corp.

FEI# 59-2736146 State ID# M41613

To Whom It May Concern:

Please process the following Articles of Dissolution for the above referenced corporation.

Thank you,

Albert S. Solomon

Treasurer

400002851964---04/26/99--01123--011

*****35.00 *****35.00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 6, 1999

Albert S. Solomon % AMERICLAIM ADJUSTMENT CORP. Post Office Box 407003 Ft. Lauderdale, FL 33340-7003

SUBJECT: AMERICLAIM ADJUSTMENT CORP.

Ref. Number: M41613

We have received your document for AMERICLAIM ADJUSTMENT CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes. Enclosed is the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 499A00024842

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: AMERICLAIM ADJUSTMENT CORE	· -			-
	~		ZE :	99	
SECOND:	The date dissolution was authorized: APRIL 22, 1999 Adoption of Dissolution (CHECK ONE)		RETARY OF STAT	FILED FILED	
	olution was approved by the shareholders. The number of votes ca sufficient for approval.	st for	dissolutio		
Diss	olution was approved by vote of the shareholders through voting gr	oups.			
	he following statement must be separately provided for each voting ntitled to vote separately on the plan to dissolve:	group	9		
The	number of votes cast for dissolution was sufficient for approval by				
	(voting group)	-	•	- `	
Signe	d this 10 day of MAY, 19	99 <u>=</u>	·		::
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)			· <u>·</u>	- m-1
				. · · ·	<u> </u>
	STEPHEN WEICHOLZ (Typed or printed name)	<u>:-</u> _			. <u> </u>
	PRESIDENT	<u></u>		<u></u> .	_
	(Title)				