

N93000004936

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Mindworks of Tampa
Bay, Inc.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Change <u>Resignation</u>		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File	04/10/97--01036--014	
UCC 11 Search	****700.00 ****35.00	
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		

SUBTOTALS _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	<u>4/10/97</u>		
TIME	<u>1:47</u>		CK No. _____
BY	<u>[Signature]</u>		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

97 APR 10 PM 1:47
 SECRETARY'S OFFICE
 TALLAHASSEE, FLORIDA

WALK-IN Will Pick Up _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

RESIGNATION OF REGISTERED AGENT


FILED
97 APR 10 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.
(Name of registered agent)

hereby resigns as Registered Agent for Mindworks of Tampa Bay, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation