

P00000080220

Requester's Name

J PIERCE
3522 SE 8th PL
LL, FL
33904

City/Stat

200005313012-4
-04/22/02--01053--020
*****35.00 *****35.00

Office Use Only

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

1. _____
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02 APR 22 PM 1:40

- Walk in Pick up time _____ Certified Copy
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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

o/d resign.

V SHEPARD APR 24 2002

Examiner's Initials

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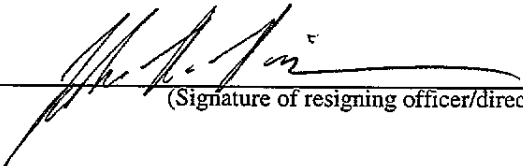
OFFICER / DIRECTOR RESIGNATION

I, JOHN PIERCE, hereby resign as PRESIDENT
(Title)

of TRAUMA CYCLES
(Name of Corporation)

a corporation organized under the laws of the State of FL

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

* UNAFFILIATED SINCE JUNE '01

FILING FEE IS \$35.00

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