## Po/a002/7//

From: MAGGIE ADAMS (904)261-3693 JACOBS & ASSOCIATES, P.A 401 CENTRE STREET, 2ND FLOOR POST OFFICE BOX 1110 FERNANDINA BEACH, FL, 32034

City/State/Zip

Phone #

200005418062--3 -05/01/02--01067--019 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

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

(Corporation Name)  (Corporation Name)  (Corporation Name)		(Document #)  (Document #)			AHASSI	OS MAY - I AM II: 4.	
Walk in	fion Name)  Pick up time  Will wait		(Document #)	Certif	fied Copy ficate of Stat	tus	
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					

CR2E031(7/97)

Examiner's Initials PS 5/8/02 O/D Res. Note - social

02 MAY - I AM II: 41

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, Jou C. GILLIAM, hereby resign as VIVE PLUS IDENT / DIRECTOR
of Jimprorated
(Name of Corporation)
a corporation organized under the laws of the State of FLONIDA
and affirm that the corporation has been notified in writing of the resignation.
Signature of resigning officer/director)

## 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