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(Re	equestor's Name)	
(Ad	ldress)	
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(C)	ty/State/Zip/Phone	<i>w</i>
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## TRANSMITTAL LETTER

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, David R DRAGON, hereby resign as DIRECTOR	Cile)
of Kronos Telecon Inc. (Name of Corporation)	<del></del> >
PO1000344477 , a corporation organized under the laws of the (Document Number, if known)	State of
FLORIDA.	
(Signature of resigning officer/director)	T,
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FILING FEE IS \$35.00	유글

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314