## Charles Vier Requester's Name 1919 NW 19th Street Address Th. Louder dala FC 333 11 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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CR2E031(7/97)

## OFFICER / DIRECTOR RESIGNATION

I,, hereby resign as	edon-
of WIGUE SONT   WC.  (Name of Corporation)	,
a corporation organized under the laws of the State of	
and affirm that the corporation has been notified in writing of the resignation.  (Signature of resigning officer/director)	OZ AUG 20 AM 9: 0

## 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