

PO1000105922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JUL 14 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KRAZY WINGS SALOON
(Name of corporation)

DOCUMENT NUMBER: P0100015922

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beighe Scarfone
(Name of person)

(Name of firm/company)

5138 CHARDANAY DRIVE
(Address)

Coral Springs, FL 33067
(City/state and zip code)

For further information concerning this matter, please call:

Beighe Scarfone at 954, 796-3264
(Name of person) (Area code & daytime telephone number)

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

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

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

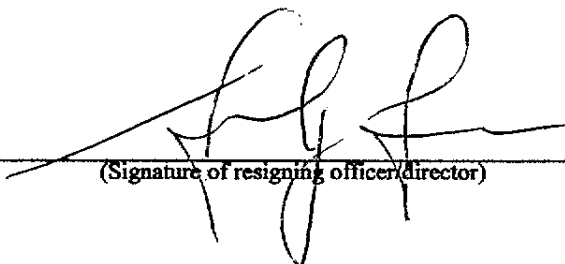
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, FRANK J. FIORE, hereby resign as P, S, D
(Title)

of KRAZY WINGS SALOON, INC.
(Name of Corporation)

PO100015922, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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