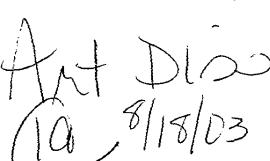
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer. Thomas HLU HUNDONIZED Correcting LIU CCLP Name on the JOHN. 8/18/03

Office Use Only





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AUG 13 PM 2:



1318 Lafayette Street Cape Coral, FL 33904 (239) 549-2444

Fax: (239) 549-5623 www.hillcocpa.com Royal Palm Square 1400 Colonial Blvd., Suite 17 Fort Myers, FL 33907 (239) 433-2444 Fax: (239) 275-3917

549.2444

July 7, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32301

RE: Dissolution of ALPENGIFTS, INC.

Dear Sirs:

Enclosed please find the Articles of Dissolution for the above identified Corporation, and a check in the amount of \$35.00 for the filing fee.

Please direct any questions and your response to the following address: Hill & Company, CPA, 1318 Lafayette Street, Cape Coral, Florida 33904.

Thank you.

Thomas W. Hill

Hill & Company, CPA, P.A.

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Enclosures

O3 AUG 13 PM 2: 55

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is:ALPEN GIFTS, INC.	
SECON	D: The date dissolution was authorized: 7/7/03	
THIRD	: Adoption of Dissolution (check one)	
\Box X	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	Dissolution was approved by vote of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signed this 7th day of July	ا فينس
Signatui	re live Kuthu	.
Ü	(By the Chairman or Vice Chairman of the Board, President, or other officer)	•
	Oliver Huttner	
	(Typed or printed name)	
	Registered Agent SSET	7
	(Title) PH 2: 5	<u>ヿ</u> ン