|                         | questor's Name)      |                  |
|-------------------------|----------------------|------------------|
| eri)                    | questors marrie)     |                  |
| Mr. Earl L:             | awrence              |                  |
| 1322 Madi               |                      |                  |
| Hollywood               | , FL 33019           |                  |
| (Ad                     | dress)               |                  |
|                         |                      |                  |
| /Cit                    | y/State/Zip/Phon     | o #/\            |
| (C)1                    | y/Otate/2.ip/~ (lott | c <del>n</del> ) |
| PICK-UP                 | ☐ WAIT               | MAIL             |
|                         |                      |                  |
| (Bu                     | siness Entity Nar    | me)              |
|                         |                      |                  |
|                         | cument Number)       | <u> </u>         |
| <b>,</b> –              | •                    |                  |
| Catified Carian         | Codificates          | a of Ctatus      |
| Certified Copies        | Cetuiidates          | or Status        |
|                         |                      |                  |
| Special Instructions to | Filing Officer.      |                  |
| ļ                       |                      |                  |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      | ĵ                |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      | Į                |
| <u></u>                 |                      |                  |



100021447141

07/18/03--01022--001 \*\*35.00



## Florida Department of State, Jim Smith, Secretary of State

## AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

| COUNTY OF Bloward  |             |  |
|--|-------------|--|
| I, <u>Fall Lawrence</u> after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true correct: | end         |  |
| :  |             |  |
| I, <u>Earl Lawrence</u> hereby resign as <u>Director</u> (Title)   | <u>of</u>   |  |
| (Title)  |             |  |
| Boyview Investments Realty, INC., a Florida cofpor (Name of Corporation)   | ation;      |  |
| (Name of Corporation)  | 1]          |  |
| That the corporation has been notified in writing of the resignation.  |             |  |
|  | П           |  |
| STATE CORIDA   | `           |  |
| Signature of resigning officer/director  | <del></del> |  |
| $\cdot$  |             |  |
| Sworn to and subscribed before me this 12th day of Alice 2002  |             |  |
| Bruce W. Hultquist Commission # DD074836 Expires Nov. 27, 2005 Bonded Thru Atlantic Bonding Co., Inc. NOTARY PUBLIC  | <del></del> |  |
|  |             |  |
| My Commission Expires: ///27/2015  |             |  |

FILING FEE IS \$35.00