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	(Re	questor's Name)	
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

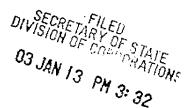
SUBJECT: SMOP, INC (Name of Corporation)	·
DOCUMENT NUMBER: PO2000/25585	· · · · · · · · · · · · · · · · · · ·
The enclosed Officer/Director Resignation for a Corporation and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following	g:
DAVE PIERFY	
(Name of Person)	•
IFM5	
(Name of Firm/Company)	
1680 Universal BLVd., 5tc 565 (Address)	
ORLANDO, FL 32819 (City/State and Zip Code)	
For further information concerning this matter, please call:	
DAUE PIERFY at (407) 363- (Name of Person) (Area Code & Daytim	7048 e Telephone Number)

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

CR2E044(11/02)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



of	SMOP, INC	Name of Corporation)
	000/25585 Document Number, if known)	a corporation organized under the laws of the State of
E	OHIDA	

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