

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
, —	,	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	riling Officer:	ľ
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Office Use Only



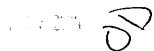
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05 OCT 24 PN 12: 12

SECRETARY OF STATE
ALLAHASSEE F. STATE



COVER LETTER

TO:	Amendment Section Division of Corpor				
SUBJI	ECT: COMMON	EALTH CABINETS INC.			
		(Name of Corporation)			
DOCU	MENT NUMBER	P03000005300			
The en	closed Officer/Dire	or Resignation for a Corporation and fee	are submitted for filing.		
Please	return all correspon	ence concerning this matter to the follow	ing:		
Ja	mes R. Cafar				
	(Na	e of Person)			
Cc	ommonwealth C	binets Inc. Firm/Company)			
34	-06 Commonwea	th Ave.			
Ja	icksonville, (City/St	T 32254 e and Zip Code)			
For fur	ther information co	cerning this matter, please call:			
Jame	s R. Cafaro (Name of P	at (<u>904</u>) 384 son) (Area Code & Dayt	=3119 ime Telephone Number)		
Enclose	ed is a check for \$3	00 made payable to the Florida Departm	ent of State.		
Amend Division Clifton 2661 E	Address: ment Section n of Corporations Building xecutive Center Circussee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Paul W. Vetter	, hereby resign as	Vice Pres	ident ide)
of COMMONWEALTH CABI (Name			,
P0300005300 (Document Number, if known)	_, a corporation organized und	er the laws of the	: State of
FLORIDA	⁻		
Paul	W. Vettas		- 7
3)	Signature of resigning officer/director		FILED 05 OCT 24 PH 12: 1 SECRETARY OF STATE ALLAHASSEE FLORID
F	TILING FEE IS \$35.00		PH 12: 12 PF STATE FLORIDA

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

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