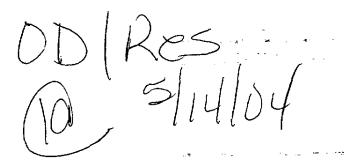
P0300009236

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Glates Elph Hollo #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



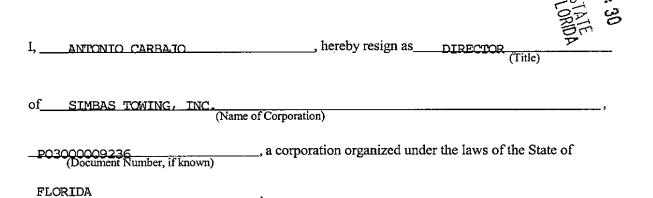


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05/10/04--01065--006 **70.00



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



(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