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TALLAHASSEE, FLORIDA

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TO: Amendment Section Division of Corporations

SUBJECT: MORT 6A6CS 4 FL. Com FNC, OBA (Name of Corporation)	<u> 10</u> 00
(Name of Corporation) DOCUMENT NUMBER: POSOOIOSO /	Fi
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
Momas L. Davis JR. (Name of Person)	
MORTGAGES 4 FL. COM, FNC (Name of Firm/Company)	
1938 SE FERRAL HWY. (Address)	
STUART FL. 34994 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Thomas Davis (Name of Person) at (722) 282-6777 (Area Code & Daytime Telephone Num	ber)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LEO F. MATRY I	, hereby	resign as R	PESIDENT	
		• · · · · · · · · · · · · · · · · · · ·	(Title)	
of MORTGAGES 4 F2. Com	TM -			, ,
Pazamaoni		ganized under the	laws of the State	e of
FLORIDA	-			
Les J	Mate		IALLAHASSI	ZOUZ DEC /
(Sign	nature of resigning	officer/director)	E. FLORIL	9 AM 9:

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