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(D-	questor's Name)		
(Re	questors (varne)		
(Ad	dress)		
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(54	onioso Enacy (van	•	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
Grand Managaria to 1 ming a masan			





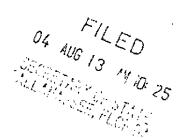
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Off Resign

08/13/04--01004--008 **105.00



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, PATRICIA W. WA	LKER, hereby resign as_	SECRETARY
	· · · · · ·	(Title)
of WILLISTON M	OF Corporation)	,
(Nam	e of Corporation)	
(Document Number, if known)	, a corporation organized und	er the laws of the State of
FLORIDA		

(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