

PO 4000118819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

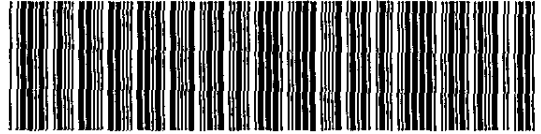
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXIMUS mortgage Corp.
(Name of Corporation)

DOCUMENT NUMBER: PD4 000 11 8819

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zoila
(Name of Person)

(Name of Firm/Company)

P.O. Box 121416
(Address)

West. Melbourne, FL 32912
(City/State and Zip Code)

For further information concerning this matter, please call:

Zoila A. Cozad at (321) 508-5755
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

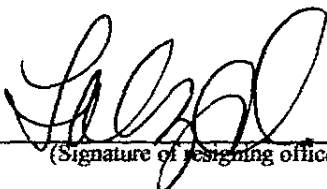
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Zoila A. Cozad, hereby resign as Vice President
(Title)

of Maximus Mortgage Corporation.
(Name of Corporation)

P04000118819, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

 4/25/05
(Signature of resigning officer/director)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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