P04000135771

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT . MAIL				
(Business Entity Name)				
(Basilios Elliky Hallio)				
(Document Number)				
Certified Copies Certificates of Status				
Capaial Instructions to Filips Offices				
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CT: JOINTHEAT, INC.		
		(Name of Corpora	tion)
DOCU	MENT NUMBER: PO40	000135771	
			and fee are submitted for filing
Please i	return all correspondence con	cerning this matter to the	e following:
WILLI	AM R. LEWIS		
	(Name of Perso	on)	
JOIN	THEAT, INC		
	(Name of Firm/Cor	npany)	
5800	BEACH BLVD. 203-132		
	(Address)		
JACK	SONVILLE, FL 32207		
	(City/State and Zip	Code)	
For fur	ther information concerning t	his matter, please call:	
WILL	AM R. LEWIS	at (310)	926.5978 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made	e payable to the Florida I	Department of State.
Division Clifton 2661 Ex	Address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	as

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TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SHARON R. LEWIS	, hereby resign as	STD (Title)
of JOINTHEAT, INC.	of Corporation)	,,
PO4000135771 (Document Number, if known)	_, a corporation organized under	the laws of the State of
FLORIDA	_	
Sh	Signature of resigning officer/director)	OBMAY -7 AMILIAMAS SEE FLOR

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