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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: William Morris Cabinet Craf	ts Inc.				
(Name of Corporation)					
DOCUMENT NUMBER:					
The enclosed Officer/Director Resignation f	or a Corporation and fee are submitted for filing				
Please return all correspondence concerning	this matter to the following:				
William Segal					
(Name of Person)					
William Morris Cabinet Crafts Inc.					
(Name of Firm/Company)					
7680 N.W. 18th Street					
(Address)	Management of the Control of the Con				
Margate, FL. 33063					
(City/State and Zip Code)	**************************************				
For further information concerning this matt	ter, please call:				
William Segal	at (954) 304-7900 (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable	e 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

Arlene M. Freedman	, hereby resign as	President		
7		,	(Title)	
of_William Morris Cabinet Crafts In				
(Name of	Corporation)			-
(Document Number, if known)	, a corporation organized ur	ider the laws of	the State of	
Florida				
(Sig	— Freedom mature of resigning officer/direc	dor)	OG MAR 23 AM 10: 5	

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