P10000075155

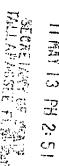
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
N.	
Certified Copies Certificates of Status	
Considerations to Filips Officers	
Special Instructions to Filing Officer:	
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COVER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

Amendment Section Division of Corporations

TO:

VOCTAC INC	
SUBJECT: KOSTAS INC.	(Name of Corporation)
DOCUMENT NUMBER: P100	00075155
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
JAMES A. CRAWFORD	
(Name of Perso	on)
(Name of Firm/Cor	npany)
3621 CLEVELAND AVE.	•
(Address)	
FORT MYERS, FL 33901	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
JAMES CRAWFORD	at (239) 333-2033
(Name of Person)	at (239) 333-2033 (Area Code & Daytime Telephone Number)
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, JAMES A. CRAWFORD	, hereby resign as SECRETARY
	(Title)
of KOSTAS, INC.	
(Name o	of Corporation)
P10000075155	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
,	-
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
/ /	ON 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

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