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TO: Amendment Section	*
Division of Corporations	
SUBJECT: DISSOLUTION OF COR	PORATION
DOCUMENT NUMBER: 607.140	, 3
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	e following:
BARBARA KIDNE (Name of Contact Person)	16H
(Name of Contact Person)	
(Firm/Company)	
1288-A SHOREVIEW (Address)) R.
ENGLETTO SEL	24112
ENGLEWOOD, FL (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call:	
BARBARA KIDNEIGHT (94/) (Name of Contact Person) (Area () <u>475-435</u> 2
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copenciosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

-30

Filing Fee: \$35