

Trivest, Inc.

2665 South Bayshore Drive
Suite 800
Miami, Florida 33133-5462
Telephone (305) 858-2200
Facsimile (305) 285-0102

PI 4444 TRIVEST

FILED
97 JUL 28 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 24, 1997

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

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-07/28/97--01116--001
*****43.75 *****43.75

RE: DGP INSURANCE AGENCY, INC.

Dear Sir/Madam:

Enclosed please find two (2) Applications by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida. Also, enclosed please find our company check in the amount of \$43.75 for the filing fee. Please provide me with proof of filing. For your convenience I have enclosed a stamped self-addressed envelope and an extra copy of the application.

Should you have any questions, please feel free to contact me.

Sincerely yours,

Esther S. Hellwig
Esther S. Hellwig
Paralegal

ESH
Enclosures (3)

Withdraw.

VS AUG 5 1997

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

DGP INSURANCE AGENCY, INC.

(Name of Corporation)

DELAWARE

(Incorporated Under Laws Of)

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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

c/o Trivest, Inc.

2665 South Bayshore Drive, 8th Floor

(Mailing Address)

Miami, Florida 33133

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

✓ *B. Jay Anderson*

Signature

Vice-President

Title

B. JAY ANDERSON

Typed or printed name

Date