

# P16861

FILED  
98 APR -9 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requestor's Name  
*See next pg.*  
Address  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS APR 15 1998

*RA resig.*

Examiner's Initials

CT CORPORATION SYSTEM

1633 Broadway  
New York, NY 10019  
Tel. 212 246 5070

March 31, 1998

RE: DITEL, INC. (NC. DOM.)  
DOLPHIN COMPUTER SYSTEMS, INC. (OH. DOM.)  
BARRY E. DOTSON & ASSOCIATES, INC. (TN. DOM.)  
DRESS TO THE NINES OF NASHVILLE, INC. (TN. DOM.)  
DREXEL BURNHAM LAMBERT INSURANCE AGENCY  
INC. (FL. DOM.)

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 5 checks in the amount of \$35.00 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM



Theresa Alfieri  
Senior Supervisor

TA: lk  
enclosure



Florida Department of State, Jim Smith, Secretary of State

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## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for DRESS TO THE NINES OF NASHVILLE, INC.

(name of corporation)

TENNESSEE

ORGANIZED UNDER THE LAWS OF THE STATE OF \_\_\_\_\_

A copy of this resignation was mailed to the above listed corporation at its last known address. c/o Financial Development Corporation, The Stouffer Twr., Suite 2606

Nashville, Tn. 37203

Att: S. Norris Johnson

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

SIGNATURE  
ASSISTANT SECRETARY

### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation