

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Kapner, Wolfberg + Associates,
Inc.

Capital Express
Amend. Inc. File
Corp. Record Search
Ltr. Partnerships
Foreign Corp. File
() Cert. Copy(s)

Art. of Amend. File
Dissolution/Withdrawal
C U S -
Fictitious Name File

Name Reservation
Annual Report/Reinstatement
Reg. Agent ~~Change~~ Resignation
Document Filing

Corporate Kit
Vehicle Search
Driving Record
Document Retrieval

UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
File No.'s, _____ Copies

Courier Service
Shipping/Handling
Phone () _____

Top Priority 800002125118-8
Express Mail Prep. -03/26/97-01111-002
FAX () pgs. ****157.50 *****35.00

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
DATE 3/26/97
TIME _____ CK No. _____
BY AAP

WALK-IN
Will Pick Up _____

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.

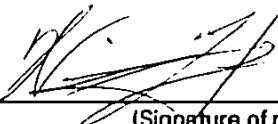
(Name of registered agent)

hereby resigns as Registered Agent for Kapner, Wolfberg & Associates, Inc.

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

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


(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation