	Argument System questor's Name		
New York City/State/2	Address Ny 10019 Zip Phone #	-09/	22883935 09/9701055007 **35.00 *****35.00
CORPORATION	NAME(S) & DOCUMENT P	NUMBER(S), (if known):	
•	ocration Name)	(Document #)	
(Corp.	oration Name)	(Document #)	
4.	oration Name)	(Document #)	
□ Walk in □ Mail out □	Pick up time Will wait	Certified Copy	
NEW FILINGS	AMENDMENTS		97 SE CR
Profit	Amendment		ET T
NonProfit	Resignation of R.A., Officer/		SSEE.
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		1: 31
Other	Merger		2 2
OTHER FLINGS	REGISTRATION/		,
Annual Report	QUALIFICATION	PAT	\bigwedge
Fictitious Name	Foreign	$ O_{L}, a$	
Name Reservation	Limited Partnership	- 1	166
	Reinstatement	<i>-</i> '''	The it
	Trademark	-	9-10
	Other		1
CR2E031(1/95)		Examiner's Initials	3



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

PH 1:31	SECRETARY U. STALLAHASSEE, FLORID	97 SEP -9 PH 1:31	
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undersigned, _	C T CORPORATION	SYSTEM	hereby resigns as
	(name of reg	istered agent)	1.6.05y 100.g.10 as
Registered Age	ent for	U.T., INC.	
		(name of corporat	ion)
ORGANIZED UN	DER THE LAWS OF TH	Œ STATE OF	NEVADA

500 Commerce Way, Suite 10 Jupiter, F1. 33458 Att: Craig A.Castle

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