## P930000erry A. Golfrez 440



Urban Centre Suite 800 4830 West Kennedy Boulevard Tampa FL 33609-2557 Tel (813) 286-2280 Fax (813) 287-1438

11-30-98

98 DEC -2 MI 10: 28
SECRETARY CLASSALE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT DUE TO MEDICAL

REASONS I. HAVE DECIDED TO DISOLVE MY CORP 100002700341-6
0RATION EFFECTIVE /-/-99.

\*\*\*\*\*\*87.50 \*\*\*\*\*\*43.75

I AM THE SOLE OFFICER AND I NO CONFER BELEIVE IT NECESSARY TO CONTINUE BY PRACTICE AS A CORPORATION.

PLEASE SEND ME A CERTIFIED COPY OF DISSOLU-TION AT YOUR EARLIEST CONVENIENCE. DISS.

SINCERELY, 12-9-98

Insurance Representative of Massachusetts Mutual Life Insurance Company and affiliated insurance companies • Springfield MA 01111-0001 Registered Representative of and securities offered through MML Investors Services Inc., a MassMutual subsidiary • Supervisory Office: 1414 Main Street • Springfield MA 01144-1013 (413) 737-8400 • The Tampa-Levin Agency, Gary J. Levin, CLU, ChFC, General Agent

## ARTICLES OF DISSOLUTION



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

FIRST: The name of the corporation is: SERRY A. GOMEN	
Effective date	
SECOND: The date dissolution was authorized: 11-30-96-1-1-99	
THIRD: Adoption of Dissolution (CHECK ONE)	
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
☐ Dissolution was approved by vote of the shareholders through voting groups.	
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by	7
The number of votes cast for dissolution was sufficient for approval by	Septem .
(voting group)	-
Signed this $3D$ day of $Nov$ , $1998$ .	
Signature (By the Chairman of Vice Chairman of the Board, President, or other officer)	-
Typed or printed name)	
(Typed or printed name)	
PREC.	
(Title)	