

# 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 \$ \_\_\_\_\_

*PA Resign  
3/20/97  
JL*

REQUEST TAKEN CONFIRMED APPROVED  
DATE 3/20/97  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAP

WALK-IN  
Will Pick Up \_\_\_\_\_

RE: Pizza International, Inc

**P93000053/96**

	E.C. FEE.	DISBURSED
Capital Express		
Art. of Inc. File		
Corp. Record Search		
Partnership File		
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 <del>Resignation</del>		
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		
Express Mail Prep.		
FAX ( ) pgs.		

**RECEIVED**  
97 MAR 20 AM 11:31  
DIVISION OF CORPORATION

**FILED**  
97 MAR 20 PM 2:22  
STATE OF FLORIDA

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, 15% per Annum.

THANK YOU  
from  
Your Capital Connection

**FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE**

## **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 PIZZA INTERNATIONAL, 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)

**FILED**  
97 MAR 20 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

**DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314**