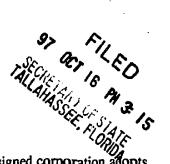
<u>Document Number Only</u> CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 222-1092 300002321323--8 -10/16/97--01059--013 Zip Phone State City *****87.50 ****87.50 CORPORATION(S) NAME Imeson Center () Profit () Merger () Amendment () NonProfit () Limited Liability Co. Withdrawal (Mithdrawal () Mark () Foreign () Other vcc siling () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement ()Fic. Name () Photo Copies () CUS Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk In () Mail Out Name Availability PLEASE RETURN EXTRA COPIES FILE STAMPED Document 10-16 Examiner Updater Verifier Acknowledgment ile 1st W.P. Verifier

CR2E031 (1-89)

र कुछ विश्वविक्तानिक्ष्युक्तानिक्ष्यु कुछ विश्वविक्षया विश्वविक्षया । चार्चिक

IMESON CENTER, INC.

ARTICLES OF DISSOLUTION



Pursuant to Section 607,1403 of the Florida Statutes, the undersigned corporation adopts these Articles & Dissolution.

ARTICLE I NAME

The name of the corporation is Imeson Center, Inc.

ARTICLE II ELECTION TO DISSOLVE

There exists only one shareholder of the corporation and such sole shareholder has approved these Articles of Dissolution by unanimous written consent on September 29, 1997, such consent being sufficient for approval.

ARTICLE III EFFECTIVE DATE

The effective date of these Articles of Dissolution shall be the date of filing of the Articles with the Department of State.

Dated: October 2, 1997

Dated: October 7, 1997

W. Aris Newton, President

Timothy R. Barnes, Secretary

STATE OF FLORIDA COUNTY OF Hillsborough

	The foregoing instrument was acknowled, President of Imeson Center, Inc. Subble box)	edged before me this <u>1</u> day of October, 1997, by W. Aris ch person did not take an oath and: (notary must check
×	is personally known to me.	
	produced a current Florida driver's lice	ense as identification.
	produced	as identification.
{Notary Seal must be affixed} <u>Marin LBuchue</u> Signature of Notary		
	SHARON L. BRECHUB My Comm Exp. 2/09/98 Bonded By Service Ins No. CC347435 (15-12-12-12-12-12-12-12-12-12-12-12-12-12-	Sharon L. Brechue Name of Notary (Typed, Printed or Stamped) Commission Number (if not legible on seal) CC347435
		My Commission Expires (if not legible on seal) 2/9/98
STATE OF FLORIDA COUNTY OF HILLDOVOUGH		
The foregoing instrument was acknowledged before me thisday of October, 1997, by Timothy R. Barnes, Secretary of Imeson Center, Inc. Such person did not take an oath and: (notary must check applicable box)		
対	is personally known to me.	
	produced a current Florida driver's license as identification.	
	produced	as identification.
{Notary Seal must be affixed}		
	,	Signature of Notary
	SHARON L. BRECHUB My Comm Exp. 2/09/98 Bonded By Service Ins No. CC347435 Memory Known (1900-1.1)	Name of Notary (Typed, Printed or Stamped) Shavon L. Brechue Commission Number (if not legible on seal) CC 347435
		My Commission Expires (if not legible on seal) 1998