

TRANSMITTAL LETTER

P95000020383

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300002791543--5
-03/02/99--01001--017
*****35.00 *****35.00

SUBJECT: _____
(Proposed corporate name - must include suffix)

FILED
99 MAR -1 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

CORAP/VOLDS
50
3/2

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
99 MAR -1 AM 10:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FIRST: The name of the corporation is: Disabled Dealer Magazine, Inc.

SECOND: The filing date of the articles of incorporation was: _____

THIRD: (CHECK ONE)

- None of the corporation's shares have been issued.
- The corporation has not commenced business.

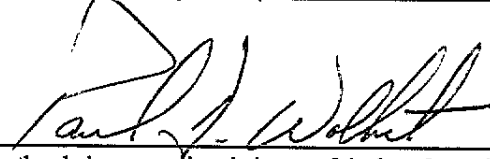
FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

Signed this 26 day of FEBRUARY, 19 99.

Signature 

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

PAUL D. WOLBERT
(Typed or printed name)

CO-OWNER
(Title)