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

P95000025096

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 $ _____

Resign
DA
3/20/97

_____ of _____

RE: ISL MANAGEMENT, INC

	DISBURSED
___ Capital Express	
___ Art. of Inc. File	
___ Corp. Record Search	
___ LP/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 Change Resignation	
___ 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	800002124898--6
___ Express Mail Prep.	03/20/97--01100--001 ****595.00 *****35.00
___ FAX ( ) pgs.	
SUBTOTALS _____	

97 MAR 20 AM 11:33
RECEIVED
DIVISION OF CORPORATION

97 MAR 20 PM 2:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

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

WALK-IN
Will Pick Up ___ _____

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, 18% 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 Statues, the undersigned, *Capital Connection, Inc.* (Name of registered agent) hereby resigns as Registered Agent for *ISL Management, 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)

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97 MAR 20 PM 2:25
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

CR2E046(12/94)