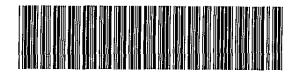
P95000028378

(Requestor's Name)							
(Address)							
(Address)							
(City/Chata (Zin/Dhana 40)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



800022962858

09/18/03--01017--003 **35.00

O3 SEP 18 PN 12: 25
SECRETARY OF STATE
SECRETARY OF STATE

Aff Wire

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: American Vision Financial Group, Inc. (Name of Corporation)
DOCUMENT NUMBER: 69500029378
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John A. Orlando (Name of Person)
(Name of Firm/Company)
812 Diplomat Parkway (Address)
Halladale, Florida 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
John A. Orlando at (954) 558-0761 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	John	<u> A·</u>	orlando	, hereby resign as	Directo	(Tide)	12: 25
of	Amer:	can	Vision (Name of Corp	Financial Grooration)	oup , In	<u>c.</u>	·
po	(Document N	<u>037</u> umber, if 1	g, a co	orporation organized ur	nder the laws of	the State of	,
	Florida		·				

FILING FEE IS \$35.00

ture of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314