795000049035 FLORIDA PARALEGALS

Para-legal Services

August 25, 1997

Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Att: Amendments Department

Re: Garshell Insurance Corporations

100002322861---1 -10/17/97--01038--007 ******35.00 ******35.00

To whom it may concern:

Enclosed please find a check in the amount of \$35.00. Made payable to the Secretary of State for the above amendment to the referred corporation and an additional copy with a stamped envelope. Please send the stamped copy back to our office.

If you require any additional information on said amendment. You may call us at 800-998-0902. As an alternative, please send your amendment form with your instructions.

Thank you,

Cristina Casas

Florida Paralegals

97 OCT 30 AM 7: 50
SECRETARY OF STATE
TALL AHASSEE EL CERTA

W. Resgn



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 21, 1997

CRISTINA CASAS FLORIDA PARALEGALS 5615 SHERIDAN STREET HOLLYWOOD, FL 33021

SUBJECT: GARSHELL INSURANCE CORP.

Ref. Number: P95000049035

We have received your document for GARSHELL INSURANCE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown Corporate Specialist

Letter Number: 397A00051299

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

STORTED W T. STATES

I, Soldie LARShell, hereby resign as Meximen, director
of SARShell TUSURANCE CORP. (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.
Signature of resigning officer/director)

FILING FEE IS \$35.00

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