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August 12, 2002

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

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****105.00 *****35.00

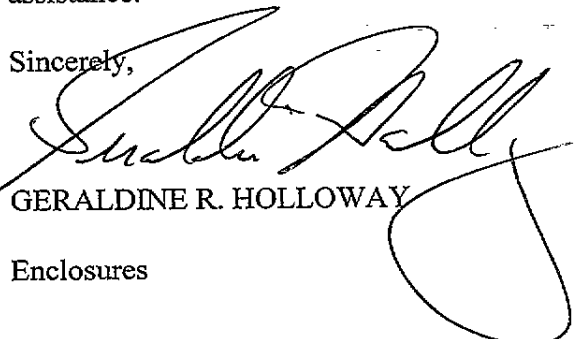
Re: Roberts Complete Collision Specialists, Inc.

Dear Sir/Madam:

Please file the enclosed Officer/Director Resignation, Statement of Change of Officer/Director, and Statement of Change of Registered Agent for the referenced Corporation. A check in the amount of \$105.00 is enclosed.

Please send confirmation of filing to my office. Thank you for your assistance.

Sincerely,


GERALDINE R. HOLLOWAY

Enclosures

FILED
02 AUG 15 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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off/direct

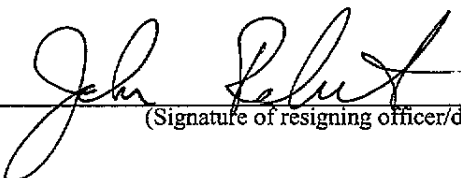
OFFICER / DIRECTOR RESIGNATION

I, JOHN ROBERTS, hereby resign as PRESIDENT & DIRECTOR
(Title)

of ROBERTS COMPLETE COLLISION SPECIALISTS, INC.,
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**