

P95000074504

CHARLES S. DALE, P.A.

414 NE 4<sup>TH</sup> Street  
Ft. Lauderdale, FL 33301  
Tel: 954-462-7472  
Fax: 954-462-5472

December 7, 2000

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

200003509172  
-12/20/00--01072--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

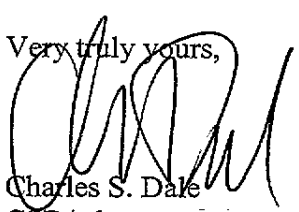
Re: SZK, Inc.

Dear Secretary of State,

Enclosed are the Articles of Dissolution of SZK, Inc.

Also enclosed is the check of \$35.00 for your fee.

Very truly yours,

  
Charles S. Dale  
CSD/cd

Enclosures as noted.

00 DEC 20 AM 9:58  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

T BROWN JAN - 3 2001

## ARTICLES OF DISSOLUTION

FILED  
00 DEC 20 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to 607.1403, Florida Statutes, this Florida profit corporation submits the following article of dissolution:

- FIRST: The name of the corporation is S.Z.K. Inc.
- SECOND: The filing date of the article of incorporation was September 25, 1995.
- THIRD: The corporation authorized dissolution on December 7, 2000.
- FOURTH: The Effective Date for Dissolution is the date of these Articles of Dissolution.
- FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders.
- SIXTH: A majority of the shareholders authorized the dissolution and a majority is a sufficient number for approval of dissolution.

Signed this 7th day of December, 2000

Signature: \_\_\_\_\_

Patricia D. Zelasko  
Patricia D. Zelasko, President and Director/Shareholder

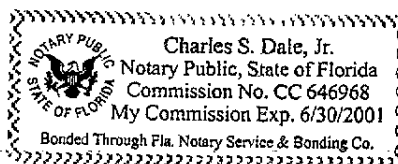
Susan P. Stanley  
Susan P. Stanley, Secretary/Treasurer/Vice President/Director/Shareholder

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7 day of December, 2000, by PATRICIA D. ZELASKO and SUSAN P. STANLEY, and they acknowledged to me and before me that they executed the foregoing for the purposes herein stated. They are ☐ personally known to me, or ☒ who produced the following as identification:

FL. Dr. Licenses

Charles S. Dale, Jr.  
Notary Public, State of Florida



Print/Type Name \_\_\_\_\_ Commission # \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_