Recuester's Name J. LOMBARDT 6419-2 BAY CLUB DR. FT. LAUD., FL. 33308 Phone

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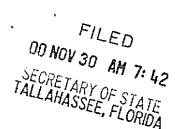
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	*************************************
2(Corporation Name)	(Document #)	<u> </u>
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NEW FILINGS	AMENDMENTS	
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OTHER FILINGS	REGISTRATION/QUALI	FICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	T BROWN DEC 6 2000
	Ex	raminer's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



OFFICER / DIRECTOR RESIGNATION

I, Joseph Combard; , hereby resign as president (Title)
(Title)
of (omBARD) Auto Sales, TNC. (Name of Corporation)
a corporation organized under the laws of the State of E(ORIDA
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)

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