City/State/Zip

Phone #

900002118749--8 -03/20/97--01024--001 ****210.00 *****35.00

Office Use Only

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

. 1			
(Co	rporation Name)	(Document #J	
2. <u>(Co</u>	rporation Name)	(Document #)	
3(Co	rporation Name)	(Document #)	
4(Co	rporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
☐ Walk in ☐ Mail out	Pick up time	Certified Copy Photocopy Certificate of State	97 MAR 20 SM 1: 1
ENEWFILINGS	AMENDMEN'	TS) ?!! *(GF \$
Profit	Amendment		三
NonProfit	Resignation of R.A.	., Officer/ Director	, T
Limited Liability	Change of Register	ed Agent	~ ⁻¹
Domestication	Dissolution/Withdr	awal	7
Other	Merger		"UO .
OTHER FILINGS Annual Report	REGISTRA QUALIFICA	awal TION/	\mathcal{O}^{T}
Fictitious Name	Foreign	\sim	
Name Reservation	Limited Partnership Reinstatement	, \	
	Kemstatement		

Trademark

Other

Examiner's Initials

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

OFFICER / DIRECTOR RESIGNATION

I,_	Graham D. Greene	, hereby resign as(Title)					
· of _	Connoisseur Receptives In		, ,			<u>-</u>	
	·	of Corporation)	-1.d-				
a co	poration organized under the laws of the	State of Flor	CIda			—·	
That the corporation has been notified in writ		of the resignation.	(see attached) Exhibits "A" and "B"				
	- P - () ren		SECF	97	Þ	
	(Signature of	resigning officer/director)		ETARY OF STAT HASSEE, FLORI	M/R 20 PH	PROVED	
				STATE ORIDA		Ü	

FILING FEE IS \$35.00

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