P96000003542

| Requester's Name | |
|--|---|
| Address | |
| City/State/Zip Phone # | - 9000030371695 -11/05/9901104003 *****35.00 *****35.00 |
| CORPORATION NAME(S) & DOCUMENT NUM | Office Use Only BER(S), (if known): |
| 1. No return address (Corporation Name) (D) | ocument #) 99 |
| 2. (Corporation Name) (De | ocument#) 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| (Corporation Name) (Do | ocument #) |
| 4. (Corporation Name) (Do | ocument #) |
| Walk in Pick up time Mail out Will wait Photoco | Certified Copy Certificate of Status |
| NEW FILINGS AMENDM | |
| Change Change | e of Registered Agent ution/Withdrawal |
| OTHER FILINGS REGISTR | ATION/QUALIFICATION |
| | d Partnership |

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

99 NOV -5 AM 10: 07

| I, GALETH G. CREWE, hereby resign as Mectal Sec. (Title) | |
|--|----------------|
| of babbon 1100. ON JUNE 15TH 1999, (Name of Corporation) | . . |
| a corporation organized under the laws of the State of | - |
| 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