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· CAPITAL CONNECTION, INC.	ol
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870	1 1 ,
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302	RE: American Electronics
TOLL FREE No. 1-800-342-8062	
FAX (904) 222-1222	- Siffy ful
	C.C. FEE. DISBURSED
	C.C./FEE. DISBURSED
NAME	And Inc. File
FIRM	Corp. Record Starce
	L.td. Partnership File
ADDRESS	Foreign Corp. File
	( ) Cert. Copy(s)
PHONE (	Art. of Amend. File
PHONE ( )	Art. of Amend. File 900002178369 2  Dissolution/Withdrawai -05/14/9701090002
	CUS
Service: Top Priority Regular One Day Service Two Day Service	Fictitious Name File
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To us via Return via	Name Reservation Annual Report/Reinstatement
	Reg. Agent Square /Lr 5,91 CC
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	77
State Fee \$ Our \$	Corporate Kit
	Vehicle Search
	Driving Record Document Retrieval
	UCC 1 or 3 File
	UCC 14 Search
, /	UCC 11 Retrieval
	File No.'s,Copies
	Courier ServiceShipping/Handling
	Phone ( )
	Top Priority
11/10/01	Express Mall Prep.
	FAX ( ) pgs.
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ł	SUBTOTALS
40 5 <sup>0</sup>	FEE
CF \$87.50	DISBURSEDs 5)12
•	SURCHARGE\$
	TAX on corporate supplies\$
***************************************	.   TAX ON CORPORATE Supplies
REQUEST TAKEN CONFIRMED APPROVED	SUBTOTAL\$
CONFIRMED APPROVED	DOCUMENT OF THE PROPERTY OF TH
DATE	PREPAID
TIME CK No	BALANCE DUE
n/l	
ву	
	Please remit invoice number with payment
WALK-IN WIII Pick Up	TERMS: NET 10 DAYS FROM INVOICE DATE THANK YOU
	1 1/2% per month on Past Due Amounts irom Past 30 Days, 18% per Annum, Your Capital Connection

## FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statues, the undersigned, Capital Connection, Inc. (Name of registered agent)	
hereby resigns as Registered Agent for <u>American Electronics Supply Inc.</u> (Name of corporation)	·
A copy of this resignation was mailed to the above listed corporation at its last	known address.
The agency is terminated and the office discontinued on the 31st day after the	e date on which
this statement is filed.	_
(Signature of resigning agent)	97 MAY 12 NI SECKETANASSEE
If signing on behalf of an entity:	All II: 42 Encorab
Weimar Lopez (Typed or Printed Name)	Ď. 2
Registered Agent Coordinator	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

(Capacity)