P96000051461

Paguestor's Name

Marian L. Caraway

Certified Public Accountant

P.O. Box 953038

Lake Mary, FL 32795-3038

Phone #

800002375028--6 -12/17/97--01070--010 *****35.00 *****35.00 Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1.	
-	(Corporation Name) (Document #)
2	(Corporation Name) (Document #)
3	(Corporation Name) (Document #)
4	(Corporation Name) (Document #)
☐ Walk in ☐ Mail out	Pick up time Certified Copy Will wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS :
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal

Annual Report
Fictitious Name
Name Reservation

Other

REGISTRATION/- QUALIFICATION:
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

FILED

97 DEC 17 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLL DEC 2 2 1997

Examiner's Initials	

ARTICLES OF DISSOLUTION

Pursuant to following a	section 607.1403, Florida Statutes, this Florida profit corporation submits the state of dissolution:	FILED 25
FIRST:	The name of the corporation is: R. Grelle & Associates, Inc.	un
SECOND:	The date dissolution was authorized: Dec 31, 1996	
THIRD:	Adoption of Dissolution (CHECK ONE)	•
was Diss	solution was approved by the shareholders. The number of votes cast for dissolution is sufficient for approval. Solution was approved by vote of the shareholders through voting groups. The following statement must be separately provided for each voting group antitled to vote separately on the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by	
Signe	ed this $27^{\frac{n}{2}}$ day of <u>October</u> , 1997.	
Signature _	Habrielle Willow (By the Chairman or Vice Chairman of the Board, President, or other officer)	
	GABRIELLA M. WILSON (Typed or printed name)	
	President (Title)	. <u>.</u>