P96000068351

(Requesto	or's Name)
•	
(Address))
•	
(Address))
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
•	
(Business	s Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

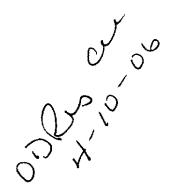
Office Use Only



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OG APR 10 AM 9: 56
SECRETARY OF STATE
ALLAHASSEE FLORIE



COVER LETTER

SUBJECT: SMART VISION PRODUCTS INC. (Name of Corporation)								
DOCUMENT NUMBER: XXXXXXXXXXX P96000068351								
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing								
Please return all correspondence concerning this matter to the following:								
EDWARD H. TEGGE (Name of Person)								
SMART VISION PRODUCTS INC.								
(Name of Firm/Company)								
775 HAWSER STREET NE (Address)								
PALM BAY, FLORIDA 33907								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
EDWARD H. TEGGE at (321) 446-8004 (Area Code & Daytime Telephone Number)								
Enclosed is a check for \$35.00 made payable to the Florida Department of State.								
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314								

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ROBERT	С.	SIMON	, hereby resign as_	VICE	PRESI	DENT itle)		
of	SMART VIS	IOLE	N PRODUCTS (Name o	INC. f Corporation)		···	, <u>.</u>		_,
P96	000068351 (Document Nur	L mber,	if known)	_a corporation organized un	der the la	aws of the	e State (of	
F1	ORIDA			<u>.</u>			 -		
		_#	Colul (Si	grature of resigning officer/direct			SECRETARY OF STAT	06 APR 10 AM 9: 5	FILED

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314