96000077021

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/2)p/Filode #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporation	ons .
SUBJECT: LAKI'S RESTU	JRANT,INC.
	(Name of Corporation)
DOCUMENT NUMBER:_	P96000077021
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
MELINDA	
(Name	of Person)
THOMAS M. EGAN, CHA	RTERED
(Name of F	irm/Company)
2107 SE 3RD AVE.	
(Ad	ldress)
OCALA, FL 34471	
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
MELINDA	at (352) 629-7110 (Area Code & Daytime Telephone Number)
(Name of Person	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2001 SEP 17 PH 1: 04
TALLAHASSEE. FLORIDA

BALIS ANGELIDAKIS	, hereby resign as PRESIDENT (Title)
**	(Title)
of_LAKI'S RESTURANT, INC.	
(Name of Co	rporation)
P96000077021 , a (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	
0	
D 100 ()	1 00118

FILING FEE IS \$35.00

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

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