COUMAN SMIM, P. H. Requestor's Name	
Address City/State/Zip Phone #	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	•
1. (Corporation Name) (Document #) 2.	
(Corporation Name) (Document #) 3	——1 012 35.00
4(Corporation Name) (Document #) Walk in Pick up time Certified Copy	33.33
Mail out Will wait Photocopy Certificate of Status	
NEWFILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent	
Limited Liability Change of Registered Agent The property of the propert	
OTHER FILINGS Annual Report Foreign Foreign	
Fictitious Name Name Reservation Foreign Limited Partnership Reinstatement Trademark	
Other Examiner's Initials	

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, BERNEY BIALE	, hereby resign as PRESIDENT (Tide)
of BIALE CSB CORP.	• • •
a corporation organized under the laws of the	State of FLORIDA
That the corporation has been notified in writing	of the resignation.
Berny Bear (Signature of	resigning officer/director)

97 AUG -8 PH 1:48
SECRETARY OF STATE
TALLAHASSEE ET GALE

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

796000084619

ATTORNEY 165 E.	S AND COUNSELORS AT LA' PALMETTO PARK ROAD RATON, FLORIDA 33432	
City/State/	Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMEN	NT NUMBER(S), (if known):
1(Corp	oration Name)	(Document #)
2. <u>(Corp</u>		
3		(Document#) 1000022624216 -08/08/9701135012 ****157.50
(Corp	oration Name)	(Document #) ***********************************
4(Corp	oration Name)	(Document #)
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□ Walk in □	Pick up time	Certified Copy
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NEW FILINGS	AMENDMENTS	97 AUG ECRET
Profit	Amendment	ASSIS
NonProfit	Resignation of R.A., Of	fficer/ Director
Limited Liability	Change of Registered A	
Domestication	Dissolution/Withdrawa	ST S
Other	Merger	
OTHER FILINGS	REGISTRATIO	
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Annual Report Fictitious Name	Foreign	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name Reservation	Limited Partnership	
Transc Acoci varioti	Reinstatement	17 MCC 1/2
	Trademark	
	Other	

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

Ι,	Barbara	Biale	, hereby	resign as Secre	tary
of			Corp. Inc.		(1165)
			(Name of Corpora	tion)	
a corpor	ration organized un	der the lav	ws of the State of	Florida	
•					
That the c	corporation has been	notified is	n writing of the resi	gnation.	
	Y		4	Selema Pe	ale
		(Sig	nature of resigning	officer/director)	-
					97 AUG -8 PH 12: 5: SECRETARY OF STATALLAHASSEE, FLOR

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CARMAN AND SMITH, P.A. ATTORNEYS AND COUNSELORS AT LAW

165 E. PALMETTO PARK ROAD BOCA RATON, FLORIDA 33432

DEBORAHA. CARMAN

'ANDREW MISTR'H

BOCA LA GU: (561) 392-7031

BRO VALU (954) 481-9777

ALM LEACH: (561) 736-7219

F.X: (51) 750-3896

August 5, 1997

Department of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314 400002262414--8 -08/08/97--01135--012 *****157.50 ***** \$1,50

RE: RESIGNATION OF REGISTERED AGENT/OFFICER AND/OR DIRECTOR

Enclosed please find the documents referenced above together with a check in the amount of \$157.50, to cover the cost of filing same. Kindly provide me with confirmation of filing at your earliest convenience.

Very truly yours,

DAC/shm

enclos.

DEBORAH A. CARMAN

BORAH A. CARMAN

SECRETARY OF STATE

ANSSEE, FLORIDA

CASA

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

RESIGNATION OF REGISTERED AGENT

r disdant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statues, the undersigned, BERNEY BIALE (Name of registered agent)
hereby resigns as Registered Agent for BIALE CSB CORP. TNC. (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 date on which
this statement is filed. SECRETARIS -8 AT 9: SIGNATURE of resigning agent) SECRETARIS -8 AT 9:
If signing on behalf of an entity:
GIALE CSB CORP. JAC. (Typed or Printed Name)
(Capacity)

Fee for filling this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation