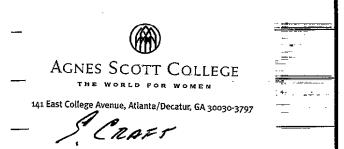
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Other

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(C	orporation Name) (Document #)	- ;: · · -
2(C	orporation Name) (Document #)	ensu e an
3(C	Corporation Name) (Document #)	<u>-</u>
4(C	Corporation Name) (Document #)	च्यः
Walk in	Pick up time Certified Copy	
Mail out	Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
 Profit	Amendment 00000296462 -08/19/9901072	<u>05</u>
NonProfit	Resignation of R.A., Officer/ Director *****35.00 ***	**35.00
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	1 g
Other	Merger ASSE	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION OUT OF STATE OF STA	
Fictitious Name	Total	<u>.</u>
 Name Reservation	Limited Partnership Reinstatement	
	Trademark	المراما م

OFFICER / DIRECTOR RESIGNATION

I, Jak w Craft	, hereby resign as_	OFFICEZ, Directore (Title)	
of Stewart Sou THE If ship with the a July 1, 1997 a corporation organized under the laws	(Name of Corporation) Affactive of The State of The Stat	n, Ixc	-,
and affirm that the corporation has bee			
·	(Signature of resigning officer/direct	SECRE TALLAH	
		TARY OF STATI	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314