

P97000034822



ACCOUNTING

210 University Drive  
Suite 502  
Coral Springs, FL 33071

N. Brow. (954) 346-7288  
S. Brow. (954) 434-5996  
Dade (305) 621-9382  
Fax (954) 346-7217

JUNE 17, 1999

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

500002910305--3  
-06/21/99-01079-013  
\*\*\*\*\*50.00 \*\*\*\*\*35.00

RE: TROPIC PROVIDER, CORP.

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

ENCLOSED FIND CHECKS FOR (1) \$35.00 FOR FILING FEE FOR ABOVE  
COMPANY.

MAIL ALL DOCUMENTS TO THE ABOVE ADDRESS.

IF YOU HAVE ANY QUESTIONS DO NOT HESITATE TO CALL.

THANK YOUR FOR YOUR COOPERATION.

SINCERELY,

LISETTE A MAWBY  
enc.

FILED  
99 JUN 21 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V. SHEPARD JUN 24 1999

*o/p resig*

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA

COUNTY OF BROWARD

I, Newton M Antunes after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Newton M Antunes resign as Director of Tropic Provider, Corp, a Florida corporation; (Name of Corporation)

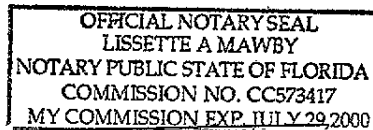
That the corporation has been notified in writing of the resignation.

  
Signature of resigning officer/director

Sworn to and subscribed before me this 17th day of June, 1999.

  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



division of corporations, po box 6327, Tallahassee, fl 32314

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