SIGNATURE:

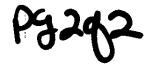
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9

Attorchments



# PA7 0000 71253

July 5, 2001

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam:

We received a notice that our corporation would be dissolved unless we paid a late penalty in the form of a greater fee. After speaking with someone in your department we are mailing you the original filing fee in the amount of \$150.

The due date has been noted to assure that this fee in the future is received by your department as scheduled. Please accept our sincere apologies concerning this matter, as our office did not receive a prior notice.

Sincerely,

T.R. Wilson

T.R. Wilson Enterprises, Inc.