

P98000013527

(Requestor's Name)

(Address)

(Address)

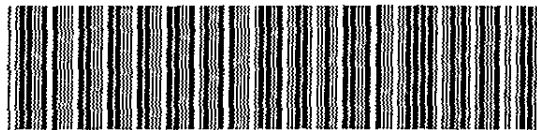
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

The Children's Office, Inc.

SUBJECT: Officer Resignation
(Name of Corporation)

DOCUMENT NUMBER: P98000013527

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Colavecchio
(Name of Person)

The Children's Office, Inc.
(Name of Firm/Company)

7631 Hollington Pl.
(Address)

Lake Worth, FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

George Colavecchio at (561) 371-5468
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

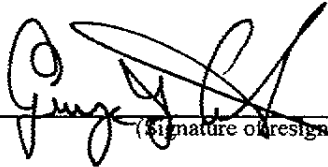
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, George Colavecchio, hereby resign as President,
(Title)

of The Children's Office, Inc.,
(Name of Corporation)

P9800013527, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

 11/01/02
(Signature of resigning officer/director)

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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