Karen S		
P.O. Bo Goldenr	ox 489 rod, Fla. 32733	900002910329 -06/21/9901088001 *****35.00 *****35.00
City/State/2	Zip Phone #	Office Use Only
CORPORATION N	NAME(S) & DOCUMENT NU	JMBER(S), (if known):
1		
(Corpo	oration Name)	(Document #)
2.	pration Name)	10.99
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3. (Corpo	oration Name)	(Document #)
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Mail out NEW FIEINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMENTS Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	Certified Copy Certificate of Status irector Of Mang,
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certified Copy Certificate of Status

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION



Ι,_	Karen S. Snyder	,	hereby resign as at	ny officer (Title)	<u></u> -
of		axon Institutional (Name of Corpo			
a co	rporation organized under	the laws of the State of	Florida		
and	affirm that the corporation	has been notified in wi	riting of the resignation	on.	
		aren 5 S	esigning officer/director))	

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