P980000 96755

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CÓVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF "S" CONP.		
DOCUMENT NUMBER: P98000096755		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
NO/AN CAPEISHMAN SR. (Name of Contact Person)		
N.C. FIBHMANAND ASSOCIATES INC. (Firm/Company)		
(Hanse) 420 NW 32ND COURT (Address)		
CAKLAND PARK, Flon, DA 33309 (City/State and Zip Code)		
For further information concerning this matter, please call:		
NO/AN / NOISHMAN Sn. at (954) 565-12-24 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	N.C. FLEISHMAN & ASSOCIATES, INC.	
SECOND:	The document number of the corporation (if known): P980000967-55	
THIRD:	The file date of the articles of incorporation: $11-13-1998$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
Signature: Noly C. Flinkman Sr. Prosident		
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	NOIAN C. FleisHMAN Siz, (Typed or printed name of person signing)	
	(Title of Person Signing)	
	- _ 	

Filing Fee: \$35