

P 99000009620

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May 10, 1999

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*****35.00 *****35.00

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

Re: Resignation of Officer and Director
Integrated Solutions Group Design Cabling, Inc.
Our File #94-1013
Corporate Charter #P99000009620

Gentlemen and/or Ladies:

Enclosed please find the original and one copy of the Resignation of Officer and Director, Maureen Longfellow, of Integrated Solutions Group Design Cabling, Inc., along with our check in the amount of \$35.00, representing the fee for the same.

Please acknowledge the filing date of the same on the extra copy enclosed and return the same to me.

Should you have any questions or need anything further, please contact the undersigned at the above-referenced address and/or telephone number. I thank you for your assistance in this matter.

Very truly yours,

William C. Davell

WILLIAM C. DAVELL
For the Firm

*OFF REC
5-19-99
DHS*

WCD/pb

Enclosures

FEDERAL EXPRESSED

cc: Maureen Longfellow

FILED
99 MAY 11 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF OFFICER AND DIRECTOR

FILED
99 MAY 11 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared
MAUREEN LONGFELLOW, who, after being duly cautioned and sworn, deposes
and states as follows:

1. She is the President, Secretary, Treasurer and Director
of Integrated Solutions Group Design Cabling, Inc.

2. That said corporation was accepted for filing with the
Secretary of State on February 1, 1999, and was assigned corporation
#P99000009620 on February 1, 1999, by the Secretary of State.

3. That affiant hereby resigns as President, Secretary,
Treasurer and Director of Integrated Solutions Group Design Cabling,
Inc., effective immediately.

FURTHER AFFIANT SAYETH NAUGHT.

Maureen Longfellow
Affiant - MAUREEN LONGFELLOW

Sworn to and Subscribed before me by MAUREEN LONGFELLOW, who
is personally known to me, or who produced the following as
identification: _____
and who did/did not take an oath, this 10 day of May, 1999.

[Signature]
Notary Public, State of Florida

My Commission Expires:

