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June 3, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 900002905619---C -08/15/99--01099--003 *****35.00 *****35.00

To Whom It May Concern:

I have enclosed an Officer/Director Resignation Form along with a copy and a self addressed stamped envelope and a check in the amount of \$35.00.

Please send my copy back to me at the in the enclosed envelope which has my correct mailing address.

Thank you.

Sincerely,

Phoelicia Daniels 2740 Herwald Street Sarasota, FL 34231

T. Daniels

941-923-0567

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99 JUN 15 AM ID: 37
SECRETARSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

| I, Physicia Daniels, hereby resign as Ireasurer (Title) |
|--|
| of American Merchant Systems, Inc., (Name of Corporation) |
| a corporation organized under the laws of the State of |
| and affirm that the corporation has been notified in writing of the resignation. |
| Proclucia Danielo (Signature of resigning officer/director) |