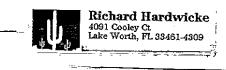
P99000066144



700002973787---4 -08/30/99--01106--005 *****35.00 *****35.00

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | | | | |
|------------|--------------------|-----------|-----------------------|---|
| | (Corporation Name) | (Doc | cument #) | |
| 2. | | | | |
| | (Corporation Name) | (Doc | rument #) | |
| 3. | | | | |
| <u> </u> | (Corporation Name) | (Doc | eument #) | _ |
| 4. | | | | |
| 4. | (Corporation Name) | (Doc | cument #) | - |
| | | | | |
| ☐ Walk in | Pick up time | | Certified Copy | |
| - waik iii | Tick up time | | - Certified Copy | |
| Mail out | Will wait | Photocopy | Certificate of Status | |

| NEW FILINGS | | | |
|-------------|-------------------|--|--|
| | Profit | | |
| | NonProfit | | |
| | Limited Liability | | |
| | Domestication | | |
| | Other | | |

| AMENDMENTS |
|---------------------------------------|
| Amendment |
| Resignation of R.A., Officer/Director |
| Change of Registered Agent |
| Dissolution/Withdrawal |
| Merger |

99 AUG 30 AN 9: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| OTHER FILINGS |
|------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/ QUALIFICATION |
|--------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

Examiner's Initials

of dures



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

| I, Mark A. Buss, hereby resign as Officer (Title) |
|--|
| of JD+MR Corporation) (Name of Corporation) |
| a corporation organized under the laws of the State of Fla |
| and affirm that the corporation has been notified in writing of the resignation. |
| (Signature of resigning 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