

P99000096025

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

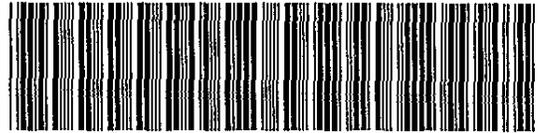
(Business Entity Name)

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12/16/02--01022--004 **35.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

02 DEC 16 AM 11:42

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PS 1/2/03
Diss

WINTHROP & JOVANOVICH, P.A.

ATTORNEYS AT LAW

4723 W. ATLANTIC AVENUE
BUILDING A, SUITE 9
DELRAY BEACH, FL 33445

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DORIAN A. WINTHROP
ZORAN D. JOVANOVICH

TELEPHONE (561) 638-7266
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VOICE MAIL (800) 494-0049
BROWARD (954) 452-3717

December 11, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Cover Letter containing Telephone number and return address

To Whom It May Concern:

Please return any correspondence to:

Winthrop & Jovonovich
4723 West Atlantic Avenue
Building A, Suite 9
Delray Beach, FL 33445

Please forward any calls to:

(561) 638-7266

Yours truly,

Zoran D. Jovanovich



DAW/ZDJ
Encls.

ARTICLES OF DISSOLUTION

FILED

02 DEC 16 AM 11:

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: CLERK OF ST. LEE COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Winthrop & Jovanovich, P.A.

SECOND: The date dissolution was authorized: 12/31/02

THIRD: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by vote of the shareholders through voting groups.

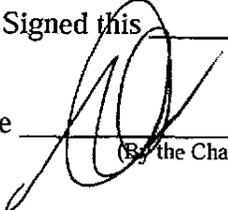
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

Signed this _____ day of _____

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

Zoran D Jovanovich

(Typed or printed name)

CEO

(Title)