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R. N. HAMMER INSURANCE AGENCY, INC.

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Auto - Life - Health - Home and Business			******35.00 ******35.1	
· · · · · · · · · · · · · · · · · · ·		t Miami, FL_ 33165 : Off. (305) 226-9901		
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CORPORATION N	AME(S) & DOCUM	ient number(s), (if known):	
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NEW FILINGS	AMENDMEN'	TS		
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/ Director			
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
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OTHER FILINGS	REGISTRA	TION DE LAS		
Annual Report	QUALIFICA	TION/ Q 21, AN		
Fictitious Name	Foreign			
Name Reservation	Limited Partnership	р		
	Reinstatement			_
	Trademark			
	Other			

Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

99 SEP 13 PM 1: 19

I, DEENT N HAMMER, hereby resign as VICE PRES
of HAMMERLOCK THOUSTRICS 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.
(Signature of resigning officer/director)

SEPT. 1, 1999

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