

*V63822*

Requestor's Name

POWELL, CARNEY, HAYES & SILVERSTEIN, P.A.  
 ATTORNEYS AND COUNSELORS AT LAW  
 ONE PROGRESS PLAZA  
 BARNETT TOWER, SUITE 1210  
 ST. PETERSBURG, FLORIDA 33701

Office Use Only

JMP/5062-1

BER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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 -11/24/97-01142-014  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

97 NOV 24 PM 12: 27

APPROVED  
 AND  
 FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*V63822*  
*REC'D*  
*11-24-97*

Examiner's Initials	
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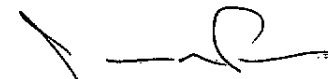
**FLORIDA DEPARTMENT OF STATE  
SANDRA B. MORTHAM, SECRETARY OF STATE**

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned James N. Powell  
(Name of registered agent)

hereby resigns as Registered Agent for Maximo Plaza, Inc.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature)  
  
James N. Powell  
\_\_\_\_\_  
(Typed or Printed Name)  
  
Registered Agent  
\_\_\_\_\_  
(Capacity)

APPROVED  
AND  
FILED  
  
97 NOV 24 PM 12:28  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation

**DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314**