

V69970

FILED  
96 DEC 18 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Requestor's Name  
PHIL BRANIFF  
11531 N.W. 30<sup>TH</sup> ST.  
CORAL SPRINGS FL 33065

City/State/Zip Phone #

Office Use Only

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

1. \_\_\_\_\_ 1 0000203266 1--6  
(Corporation Name) (Document #) -12/18/96-01079-010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| 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               |

*O/D Resig.*

V8 DEC 30 1996

**AFFIDAVIT - RESIGNATION OF OFFICER  
And/or DIRECTOR**

**FILED**  
96 DEC 18 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA       )  
COUNTY OF BROWARD    )

I, SANDI BRANIFF, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I SANDI BRANIFF, hereby resign as Secretary of BRANIFF COMPUTER CONSULTING, INC., a Florida corporation;

That the corporation has been notified in writing of the resignation.

  
SANDI BRANIFF, Secretary

THE FOREGOING INSTRUMENT, was acknowledged before me by SANDI BRANIFF, who is personally known to me or who has produced her Driver's License as identification and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 25th day of November, 1996.

  
Notary Public

Typed Name: \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



END ROLL

# 2-1624

Amends  
Type

END ROLL

# 2-1624

Amends  
Type

END ROLL

# 2-1624

Amends  
Type