N04638

(Requestor's Name)			
3930 3rd Street N			
(Address)			
(Address)			
St. Peters burg of 33703 (City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document (ambo))			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
}			





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03/21/04--01005--010 **35.00

Off Reign

	R / DIRECTOR RESIGNATI OR A CORPORATION	SECRETARY OF STATE
1. State Stake	hereby resign as	(Title)
of No 4 (, 3 8 (Document Number, if known)		

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314