

POS000039228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

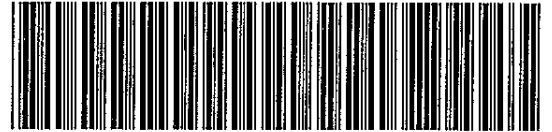
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Florida Dive Show, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 5000039228

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Brad Nolan  
(Name of Person)

The Florida Dive Show, Inc.  
(Name of Firm/Company)

P.O. Box 14808  
(Address)

NPalm Beach, FL 33408  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brad Nolan at ( 888 ) 55 Seuba  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

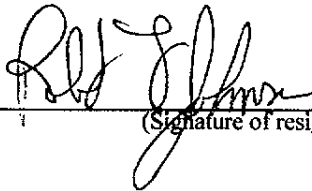
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert L. Johnson, hereby resign as V President  
(Title)

of The Florida Dive Show, Inc.  
(Name of Corporation)

PO 5000039228, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**FILING FEE IS \$35.00**

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

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