L84521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
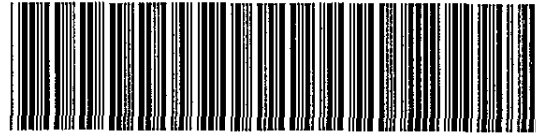
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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____DLD BOAT, INC._____
(Name of Corporation)

DOCUMENT NUMBER: _____L84521_____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____VAL L. OSINSKI, ESQ._____
(Name of Person)

_____
(Name of Firm/Company)

_____9600 W. Sample Road, Ste. 401_____
(Address)

_____Coral Springs, Fla. 33065_____
(City/State and Zip Code)

For further information concerning this matter, please call:

VAL L. OSINSKI, ESQ. at (_954_) _752-3250_
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT 2004 FEB -2 PM 12: 32
FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____DAUID L. D'OnoFRIO_____
(Name of Registered Agent)

hereby resigns as Registered Agent for _____OLD BOAT, INC._____,
(Name of Corporation)

_____L84521_____
(Document Number, if known)

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 of Resigning Agent)

If signing on behalf of an entity:

_____DAUID L. D'ONO FRIO_____
(Typed or Printed Name)

_____Registered Agent_____
(Capacity)

Fee for filing this document:
$87.50 - Active corporation
$35.00 - Administratively dissolved/voluntarily dissolved/
            withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314