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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASERATI OF CENTRAL FLORIDA, INC
(Name of Corporation)

DOCUMENT NUMBER: P02000001107

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ELSBERRY
(Name of Person)

LOWNDES DROSDICK DOSTER ET AL
(Name of Firm/Company)

450 SOUTH ORANGE AVE SUITE 800
(Address)

ORLANDO, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDY PIERCE at (407) 667-4300
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

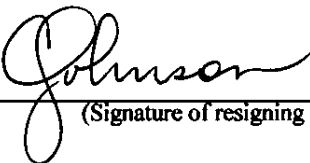
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHRISTINA JOHNSON, hereby resign as SECRETARY
(Title)

of MASERATI OF CENTRAL FLORIDA, INC
(Name of Corporation)

P02000001107, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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