

P03000050313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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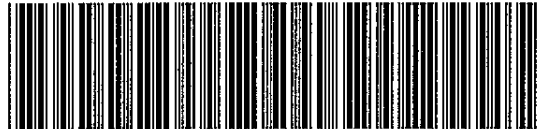
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

T BROWN APR 13 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KPS Insurance Wholesalers Group. Corp.
(Name of Corporation)

DOCUMENT NUMBER: P03000050313

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 A. Kaufman

(Name of Person)

KPS Insurance Wholesalers Group Corp.

(Name of Firm/Company)

6750 Taft St.

(Address)

Hollywood, Florida. 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Ray H. Perez

(Name of Person)

at (305) 801 3142

(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:

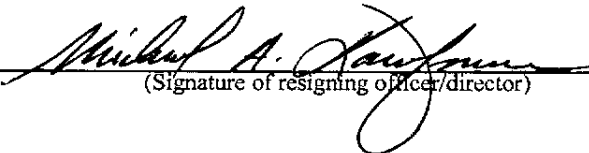
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael A. Kaufman, hereby resign as President
(Title)

of KPS Insurance Wholesalers Group Corp.
(Name of Corporation)

P03000050313, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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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