P0500077131

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, ,		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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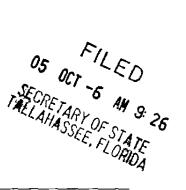
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Four Seasons Pizza,	(Name of Corporation)
DOCUMENT NUMBER: P0500	00077131
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
James M. O'Connor	
(Name of Perso	n)
Four Seasons Pizza, Inc.	
(Name of Firm/Con	npany)
2730 Glynnis Court	
(Address)	
Trinity, FL 34655	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
John Sakellarides, Esq.	at (727) 785-1228
(Name of Person)	at (727) 785-1228 (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. BRIAN CUMMINGS	, hereby resign asDirector
	(Title)
of_ Four Seasons Pizza, Inc.	
(Name o	f Corporation)
P05000077131 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
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	gnature of resigning officer/director)

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