PO 5·000107385

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600077218006

07/10/06--01030--014   **35.00

O/D Resign -
07/19/06

Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTERS REAL ESTATE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000107385

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

Please return all correspondence concerning this matter to the following:

MARY JEAN MASTERS
(Name of Person)

MASTERS REAL ESTATE INC
(Name of Firm/Company)

5776 OKEECHOBEE BLVD
(Address)

WEST PALM BEACH, FL 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY JEAN MASTERS at (561) 804-9603
(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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _GERALD H GRANT_____, hereby resign as _P/V/S/T DIRECTOR_____
                                                                    (Title)

of _MASTERS REAL ESTATE, INC._____ ,
                        (Name of Corporation)

_P05000107385_____ , a corporation organized under the laws of the State of
     (Document Number, if known)

_FLORIDA_____ .

_____
(Signature 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