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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE, FLOORE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Das SCHWETZ, INC (Name of Corporation)		
DOCUMENT NUMBER: PO 70000 12 931		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
DALB SCHWETZ (Name of Person)		
Name of Firm/Company)		
2944 A ROAD		
LOXA-17ATCHES, FL. 33470 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Person) at (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, DEAN W. SCHWETZ	_, hereby resign as UICE PASS (Title)
of D +S Schwestz (Name of Corporat	
P 0 7 0000 12-93/ ,a corpo (Document Number, if known) FLA.	oration organized under the laws of the State of
	2 AM 8: 46 SEEL FLORID
(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