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COVER LETTER

SUBJECT: West PARM BEACH ANTIQUES FESTIVAL, IN
DOCUMENT NUMBER: P0800107526
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: (Name of Person)
WPST PAM RPACI ANTIGUES FESTIVAZ, INC. (Name of Firm/Company)
PO Box 27272
EL JOBPAN F (33927) (City/State and Zip Code)
For further information concerning this matter, please call:
Bill Puchs Fern at (813) 545-9199
(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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jame H Tucken, hereby resign as TREASURER (Title)	
of WEST PALM BEACH ANTIQUES FESTIVAL, INC., (Name of Corporation)	
$\frac{2000107526}{\text{(Document Number, if known)}}$, a corporation organized under the laws of the State of	
FLORIDA.	
SECRETARY OF STATE TALLAHASSEE, FLORIU (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