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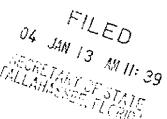
TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Specialty Marine Products Inc.
SOBJECT	(Name of Corporation)
DOCUMENT N	NUMBER:
The enclosed Of	ficer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Michael R. Freeman
	(Name of Person)
	Specialty Marine Products Inc. (Name of Firm/Company)
	205 State Road 207 (Address)
	ST. Augustine, FL 32084 (City/State and Zip Code)
For further infor	mation concerning this matter, please call:
Michael R.	Freeman at (904) 669-5604 Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for \$35.00 made payable to the Florida Department of State.
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee FI	fion Amendment Section Porations Division of Corporations 409 E. Gaines Street

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	, hereby resign as	(Title)	
f Specialty Marine Products In (Name of Cor	c , poration)		
(Document Number, if known)	orporation organized unde	er the laws of the State of	
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