## Pabooo68244 DIVISION OF CORPORATIONS

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	ļ
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Office Use Only



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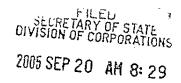
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: KIWI CHARTER INC
(Name of Corporation)
DOCUMENT NUMBER: P96000068244
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID IRELAND
(Name of Person)
KIWI CHARTERS INC
(Name of Firm/Company)
P O BOX 98
(Address)
KILLARNEY, FL 34740
(City/State and Zip Code)
For further information concerning this matter, please call:
GERRI IRELAND at ( 407 ) 877-3617  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399
Tallahassee, FL 32314 Tallahassee, FL 32399

TO: Amendment Section



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TREVOR J MACLAINE	, hereby resign asV	VP/REGISTRATED AGENT			
, <u> </u>	, nercoy resign as		(Title)	·	-*·
of KIWI CHARTERS INC			<u>.</u> 4.	: ∈,	· 10 10 10 10 10 10 10 10 10 10 10 10 10
(Name o	f Corporation)	·	<u> </u>	,	
P96000068244 (Document Number, if known)	_ a corporation organized under	the laws o	of the State o	f	·
FLORIDA	E 25 64			<b>.</b>	, <u></u> +-

Run 7 mach (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