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certify that the information indicated on this annual report of supplemental annual report is true and accorate and that my signature shall have the sum of legal of out as in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	or rogister familiar wit (GNATURE _ 2. 7LLE MME REET AD RESS TY - ST - 2IP TLE MME REET ADDRESS TY - ST - 2IP TLE AME TREET ADDRESS TY - ST - 7IP TLE AME TREET ADDRESS TY - ST - 7IP TLE AME TREET ADDRESS TY - ST - 2IP	ed agent, or both, in the State of Flor th, and accept the obligations of Sec Signature, bleef or protect name of repretenting OFFICE RS AN PST MOORE, C. T. 18700 GULF BLVD NO REDINGTON BCH FL VD CARTWRIGHT, MARY K. 5309 E PALOMINO RD PHOENIX AZ VD MOORE, MELISSA A. 16700 GULF BLVD NO REDINGTON BCH FL V MOHR, B A A P.O. BX 1724 ST. PETE FL	Ida Such change was authoriz ston 607.0505, Fiorida Statutes Stort the itage state ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above ed by the corp 13 13 1 1 THE 1 2 AAME 1 3 STREE 1 4 CTY- 2 1 TFVE 2 2 NAME 2 3 STREE 2 4 CTY- 3 1 THE 3 2 NAME 3 3 STREE 3 4 CHY- 4 1 THE 4 2 NAME 4 3 STREE 4 0 TY- 5 1 THE 5 2 NAME 5 3 STREE 6 1 THE 6 2 NAME 5 3 STREE 5 4 CHY- 5 4 CHY- 5 3 STREE 5 4 CHY- 5 3 STREE 5 4 CHY- 5 4 CHY- 5 3 STREE 5 4 CHY- 5 4 CHY- 5 3 STREE 5 4 CHY- 5 4 CHY- 5 3 STREE 5 4 CHY- 5 4 CHY-	IT ADDRESS ST-ZIP EF ADDRESS ST-ZIP EF ADDRESS ST-ZIP FF ADDRESS ST-ZIP FF ADDRESS ST-ZIP FF ADDRESS ST-ZIP EF ADDRESS ST-ZIP EF ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	FL urpose of changing its registered agent. Land pointment as registered agent. Land FICERS AND DIRECTORS IN 12 Change Addit Change Addit