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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; Fam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	Office or r agent 1 a SNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or be mitamiliar with, and ad PD THOMPSON,WILL 19500 W. ST. AN HIALEAH FL SD THOMPSON, MAI 19500 W. ST. AN HIALEAH FL	ith, in the State of Flonds coapt the obligations of of FICERS AND DIRECT IAM DREWS DR RJORIE DREWS DR.	a Such change was a Section 607.0505. File up chadle (WOT IORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named cor authorized by the corpore prida Statutes. E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ation's board of directors. I hereby acce	PL Datre DATE DERS AND DIRECTOF Change Change	s registered registered S IN 12 Addition Addition Addition Addition