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64 CITY-ST-ZIP 14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am	office of 1 agent. 1 a SIGNATURE IL. ITLE VAME STREET ADDRI SS CITY-ST-ZIP ITTLE VAME STREET ADDRI SS CITY-ST-ZIP ITTLE NAME STREET ADDRI SS CITY-ST-ZIP ITTLE NAME STREET ADDRI SS CITY-ST-ZIP ITTLE VAME	registered agent, or bcth, am familiar with, and a cel OF PTD GREEN, ROBERT I. 2875 NE 191ST ST N. MIAMI BCH. FL SD DAVIDOFF, RICHARI 200 PARK AVENUE NEW YORK, N.Y	in the State of Florida. pt the obligat ons of, S of registered agen and title if a FICERS AND DIREC	Such change was au iection 607.0505, Flor pplicable (NOT E: TORS DELETE DELETE DELETE DELETE	rs, the above-named constitution ithorized by the corporation ida Statutes. Registered Agent signature require 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 3.4 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS	ed when reinstating	the purpose o ccept the appo		egistered istered 2 S IN 12 Addition Addition Addition