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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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;	Office or registered agent, or be agent, 1 am familian with, and ad NATURE P BAILEY, NANCY 13080 MIRANDA CORAL GABLES, 1400RESS S1-7IP 1400RESS S1-7IP 1400RESS S1-7IP 1400RESS S1-7IP 1400RESS S1-7IP	ath, in this State of Florida coept the obligations of S excelsion agest and the Ta OFFICE HS AND DIRECTO ST FL 00000 ST FL 00000 OU BLVD	Such change was a ection 607.0505 Flc	B4 City ess, the above-named control City ess, the above-named control Statutes. Filepistered Apent signature required 13. 11 Till 12 NAME 13 STREET ADDRESS 14 City - ST - ZiP 21 TITLE 22 NAME 23 STREET ADDRESS 24 City - ST - ZiP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 City - ST - ZiP 4.1 TITLE 4.2 NAME 33 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 5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST - ZiP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereby acce	PL Image: Second strain st	egistered gistered