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14. I hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	NAPL 1. Pursuant t office or r agent. 1 av SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME	to the provisions of Section egistered agent, or both, in familier with, and accer Stopeture, typed or printed name of OF PS STAHNKE, RONALD 4957 CASTELLO DR NAPLES FL. DT TURNER, BERNARD 210 MOORING LINE	In the State of F pt the poligations of registered agent and FFICERS AND D H. H.	Arida. Such change Was all of, Section 607.0505, Flor Uter f applicable. (NOTE : IRECTORS DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named c thorized by the corpoda Statutes. 0 A CD H 13 1.1 TITLE 12 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 3.1 TITLE 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Corporation submits this statement for the purpor ration's board of directors. I hereby accept the a ration's board of directors. I hereby accept the ac	FL