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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 or t am an officer or director of the corporation or the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an interference with an address.	amed corporation submits this statement for the purpose of changing its corporation's board of directors. I hereby accept the appointment as r appature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS P C Change RESS P RESS P C Change RESS P C Change RESS P RESS P C Change C Change C Change C Change C Change RESS P C C Change C C C C C C C C C C C C C C C C C C C	or both, in the State of Florida. Such change was authorized by the corporal nd accept the obligations of, Section 607.0505, Florida Statutes.	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP ADDRESS 5'-ZIP
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