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I information maleated on this aimitat report or supportinential ambai report is true and accurate and that my signature shall have the same regarence tas if made under oath. The I am an officer or director of the coorportion or the receiver or notice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chynged or on an any priorit with an uddress.	NAME STREET ADURESS CITY - ST - ZIP TITLE NAME STREET ADURESS CITY - ST - ZIP TITLE NAME STREET ADURESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, DALE G 7100 W 20TH AV	OFFICERS AND DIRECTO	DELETE	13. 1.1 TIFLE 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 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition
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