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Principal Place	e of Business		Ма	ailing Address							
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5. Different D	T P					·	05/16	rporated or Qualified /1979	3a. Date	of Last R	,
_ 2. Principat Pl ≥1	Place of Business	š	2a. 26	Mailing Address		···	4. FEI Numb				Applied For
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				of Status Desired		\$8.75	Not Applicable Additional
City & State	:e		[27]	City & State				ampaign Financing	<u> </u>		Required
Zip		Country	28	Zip	Counts		Trust Fund	d Contribution		Adde	0 May Be d to Fees
24	25	5	29		Country 30	У	This corporate Florida Sta	oration has liability for atutes Yes		x under s	199.032,
	9, Name ar	nd Address of (Current Registe	ered Agent	81	· · · · · · · · · · · · · · · · · · ·	10. Name an	d Address of New F	Registered A	lgent	
KRAME	er, robert M	Æ.					/D O Rox Nu				
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SIGNATURE:

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