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REET ADDRE:S FY-ST-ZIP A L bareby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07; 3)(i). Florida Statutes, I further certify that the information	office of re agent, I an IGNATUR E	sgistered agent, or both, n familiar with, and accord Signature, typed or printed nar re PD TAYLOR, WILLIE 5625 NW 7TH AVE. MIAMI FL ST TAYLOR, LULA 5625 NW 7TH AVE.	, in the State of Florida apt the obligations of, s of registered agent and title if FFICERS ANC DIREC	a. Such change was and Section 607.0505, Filer apphcable. (NOTI : CTORS DELETE DELETE DELETE DELETE	IS, the above-named con thorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	FL purpose of changing its of the appointment as required. DATE FICERS / ND DIRECTO Change	F S IN 12 Addition
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4. 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 trape and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeered to a course and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeered to a course this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one and that ment with a difference with a Lother like empowered.	office or re agent. 1 an SIGNATURE 2. TLE MME TREET ADDRE:S TY-ST-ZIP TLE AME TREET ADDRE S TY-ST-ZIP TLE AME TREET ADDRE S TY-ST-ZIP TLE AME TREET ADDRE S TY-ST-ZIP TLE AME	sgistered agent, or both, n familiar with, and accord Signature, typed or printed nar re PD TAYLOR, WILLIE 5625 NW 7TH AVE. MIAMI FL ST TAYLOR, LULA 5625 NW 7TH AVE.	, in the State of Florida apt the obligations of, s of registered agent and title if FFICERS ANC DIREC	a. Such change was and Section 607.0505, Filer apphcable. (NOTI : CTORS DELETE DELETE DELETE DELETE	IS, the above-named con thorized by the corporation of Statutes. Registered Agent signature require 13. 1.1 TITLE 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ed when reinstating)	FL purpose of changing its of the appointment as required. DATE FICERS / ND DIRECTO Change	F S IN 12 Addition
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