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1 hereby certify that the information supplied with this filling dives 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/eport is true and recurrate and that my signature shall have the same legal effect as if made under oath; that I am an an element of the report	office or n agent. I a IGNATURE 2.	egistered agent, or both, i m familiar with, and accep Signature, typed or printed name o OF PTS DRESBACH, GOTTFI 2163 REGENTS PLA WEST PALM BEACH	In the State of Florida of the obligations of, s registered egent and use if FICERS AND DIREC RIED CE	A. Such change was au Section 607.0505, Flor applicable. (NOTE: CTORS DELETE	s, the above-named corr introrized by the corporation a 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 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME	ed when reinstating)	FL Jurpose of changing its the appointment as required. DATE ICERS AND DIRECTO Change	RS IN 12 Addition
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