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| E CS C C Change Addition E VERNI, CHERYL EET ADDRESS 557-2P LAKE WORTH FL 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an | office or registered agent, or both, agent. I am familiar with, and acce GNATURE Egenature, typed or printed name of CURRIER, JO ANN EETADORESS 221 19TH AVE. N. (-ST-ZIP LAKE WORTH FL E VD EETADORESS 5240 WIGGINS RD. (-ST-ZIP LAKE WORTH FL E VD EETADORESS 5240 WIGGINS RD. (-ST-ZIP LAKE WORTH FL E VD EETADORESS 5240 WIGGINS RD. (-ST-ZIP LAKE WORTH FL E S EETADORESS 221 19TH AVENUE N LAKE WORTH FL E S EETADORESS 221 19TH AVENUE N LAKE WORTH FL E TD E EASTON, MARK | in the State of Florida Such change pt the obligations of, Section 617.050 I registered agent and the if espicable FICERS AND DIRECTORS DELE DOS LVD. DELE D | Statutes, the above-named cor was authorized by the corporat 13, Florida Statutes. (NOTE Registered Agent agnature requir 13 TE 11 TIRLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TE 21 TITLE 22 NAME 33 STREET ADDRESS 2 4 CITY-ST-ZIP TE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP TE 41 TIRLE 4 23 STREET ADDRESS 34 CITY-ST-ZIP TE 51 TITLE 52 NAME | ADDITIONS/CHANGES TO OFFICERS | Change Addition Change Addition Change Addition |
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| Arc and a course and that my signature shall have the same legal effect as if made under oath, that I am an | office or registered agent, or both, agent. I am familiar with, and acce SINATURE EIGENTIAL STREAM OF Printed name of CURRIER, JO ANN EET ADDRESS 221 19TH AVE. N. 221 00000000000000000000000000000000000 | in the State of Florida Such change pt the obligations of, Section 617.050 Tredistared agent and the If applicable FICERS AND DIRECTORS DELE DDS DDS DDS DDS DDS DDELE DDELE DDELE DELE DE | Statutes, the above-named cor was authorized by the corporat 13, Florida Statutes. (NOTE Registered Agent agnature requir 13 TE 11 TIRE 1 2 NAME 1 3 STREET ADORESS 1 4 CITY-ST-ZIP TE 21 TITLE 2 2 NAME 2 3 STREET ADORESS 2 4 CITY-ST-ZIP TE 31 TITLE 3 2 NAME 3 3 STREET ADORESS 3 4 CITY-ST-ZIP TE 41 TITLE 4 3 STREET ADORESS 4 4 CITY-ST-ZIP TE 51 TITLE 52 NAME 53 STREET ADORESS 54 CITY-ST-ZIP TE 51 TITLE 53 STREET ADORESS 54 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS | Change Addition Change Addition Change Addition Change Addition |
| I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 D7(3)(1). Florida Statutes, I further certify that the 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 each, that I am an | office or registered agent, or both, agent. I am familiar with, and acce GNATURE EBUT ADDRESS EET ADDR | in the State of Florida Such change pt the obligations of, Section 617.050 It registared agent and the It applicable FICERS AND DIRECTORS I DELE DELE DDS DDS DDS DDS DELE DELE DELE | Statutes, the above-named cor was authorized by the corporat 13, Florida Statutes. (NOTE Registered Agent lignature requir 13. TE 11 TIRE 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP TE 21 TITLE 22 NAME 23 STREET ADORESS 24 CITY-ST-ZIP TE 31 TITLE 33 STREET ADORESS 34 CITY-ST-ZIP TE 41 TITLE 4 2 NAME 4 3 STREET ADORESS 44 CITY-ST-ZIP TE 51 TITLE 52 NAME 53 STREET ADORESS 54 CITY-ST-ZIP TE 51 TITLE 52 NAME 53 STREET ADORESS 54 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS | Change Addition Change Addition Change Addition Change Addition |
| officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with all other like empowered. | office or registered agent, or both, agent. I am familiar with, and acce GNATURE Eggnature, typed or printed hame of CURRIER, JO ANN EET ADDRESS 221 19TH AVE. N. 221 19TH AVE. | in the State of Florida Such change pt the obligations of, Section 617.050 It registared agent and the It applicable FICERS AND DIRECTORS I DELE DELE DDS DDS DDS DDS DELE DELE DELE | Statutes, the above-named corwas authorized by the corporat 13, Florida Statutes. (NOTE: Registered Agent lignature required 13, Florida Statutes. 13. TE 11 TITLE 12 NAME 13 STREET ADDRESS 24 CITY-ST-ZIP TE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP TE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP TE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TE 61 TITLE 63 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS | Change Addition Change Addition Change Addition Change Addition |

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