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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 true 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 empowered to execute this report as recuired by Chapter 617. Florida Statutes; and that my name appears in	PUERCE: FI Pursueint t office or re agent. I ar SNATUF:E E E E E E E E E E E E E E E E E E E	to the provisions of Sections ogistered agent, or both, in n familiar with, and accept Signature, typed or printed name of re OFFI PD SIMON, JAMES 5880 BLACK AVENUE PIERCE FL 33860 D ZEIGLER, JUANITA 524 S BEACH ST APT DAYTONA BEACH FL SD DOWNING, ASALENE 411 OCEAN AVENUE JERSEY CITY FL 0730 D SINGLETON, LILLIAN I 119 QUITMAN ST APT NEWARK NJ 07108 D THOMPSON, WYLMA 855 MADISON AVENU DAYTONA BEACH FL D CHILDS, GRADY 930 TANGLO CIR. BARTOW FL 33830	TO9 32114 W 55 28 E 32114	a. Such change was aut Section 617.0503, Florid applicable. (NOTE: F CTORS DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named curp horized by the corporation da Statutes. tegistered 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 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ad when reinstating) ADDITIC()NS/CHANGES TO OFF	PL purpose of changing its title appointment as re DATE ICERS AND DIRECTO Change Change	egistered gistered

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