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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(), Fibrida Statutes. Fibrida certary 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	VER 11. Pursuant office or r agent. I a SIGNATURE 12. ITTLE	to the provisions of Sections egistered agent, or both, in it m familiar with, and accept th Signature, typed or printed name of reg OFFIC DP CASALINO, LOUIS 204 SPINNAKER DR. VERO BEACH FL D CASALINO, CHARLENE 204 SPINNAKER DR. VERO BEACH FL D CASALINO, MARC 204 SPINNAKER DR	The State of Florida and obligations of, istored agent and title if	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS DELETE DELETE DELETE DELETE	84 City s, the above-named correction thorized by the corporated a Statutes. Registered Agent signature required 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 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	ed when reinstating)	FL pose of changing its reaction of the series appointment as regiment as r	egistered stered ES IN 12 Addition Addition Addition

SIGNATURE:	Charline MATCOLEUR QUI CHARLE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR
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