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 64.CITY-51-ZIP 64.CITY-51-ZIP 64.CITY-51-ZIP 64. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I function is 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 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 certify that the information indicated on this annual report or trugtee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my roath, that I am an officer or director of the corporation or the receiver or trugtee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my roath, that I am an officer or director of the component with an affires. 	Tamiliar Will NATURE E E ST-ZIP E FET ADDRESS (-S1-ZIP) F ME ELT ADDRESS (-S1-ZIP) F ME ELT ADDRESS Y-ST-ZIP F ME VEFT ADDRESS Y-ST-ZIP F ME VEFT ADDRESS Y-ST-ZIP E ME VEFT ADDRESS Y-ST-ZIP IE ME VEFT ADDRESS Y-ST-ZIP IE ME KEET ADDRESS	Supative typed or prot SERBLOM, 154 FON TAVERNIE P EKBLOM, 154 FON TAVERNIE	In the interview of the	and title ff applicable	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	01E Registe 13 1. 12 1. 12 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	aned Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY - 5 1 TITLE 2 NAME 3 STREET 4 CITY - 5 1 TITLE 5 1 TITLE 5 2 NAME 5 2 NAME 5 3 STREET 6 1 TITLE 6 3 STREET 6 3 STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E	ed when reinstating) ADDITIONS/CHANGES	S TO OFFICE	se of changing i tment as registe DATE ERS AND DIREC Char Char Char Char Char Char Char	ange lange	S IN 12 Addition Addition Addition Addition Addition Addition Addition