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	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 required by Chapter 607, Florida Statutes; and that my name appears in Plook 12 or Plook 13 if chapter do not an altectment with underges.	WE HAT(KEET ADDRESS 984 V-ST-ZIP INDI/ LE WE KEET ADDRESS Y-ST-ZIP			DELETE	4.1 Ti 4.2 M 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N 6.3 S	ILE AME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS			Change	

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