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I do 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 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	ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Stered agent, or both, i amiliar with, and accor OFF HIBEL, WILLIAM R 1161 DOLPHIN RD. NVERIA BCH, FL 000 HIBEL, DORIS E. 1161 DOLPHIN RD. NMERA BEACH FL MIEEL, JAMES 1034 GARDENS GLE	In the State of Florida at the obligations of, Se Ingested agoit and to reap ICERS AND DIRECTO	Such change was an ection 607.0505, Florend Strength (INOTE) STREED IN THE INOTE OF COMPARENT OF	IS, the above-hamed corruthorized by the corporation Statutes. Flegssered Agent signature required a Statutes. 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE DATE CERS AND D	hanging its htment as i PIRECTORS Change Change Change	s registered egistered 3 IN 12 Addition Addition