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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; that	NATURE S ELADRESS ST-2IP ET ADDRESS ST-2IP ET ADDRESS ST-2IP ET ADDRESS ST-2IP ELADRESS ST-2IP ELADRESS ST-2IP	Sociature Typed or priced na DP SANTAGATA, JOI 5705 SW WOODI STUART FL V SANTAGATA, GA 5705 S.W. WOOI	OFFICE AS AND E HN HAM STREET	IN LISS If angl cable (N DIRECTORS	OTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI	84 City Dove-named cord doy Joby the corpore ules. J Agent signature reputies. intermediate TLE intermediate INEET ADDRESS inty-st-zip TLE intermediate WHE intermediate IREET ADDRESS inty-st-zip TLE inty-st-zip TLE intermediate INF-ST-ZIP inty-st-zip TLE intermediate INF-ST-ZIP inty-st-zip TLE intert ADDRESS INF-ST-ZIP intert ADDRESS	uirød when reinslating)	Purpose of ct apt the appoin DATE ICERS AND D	hanging its htment as r RECTORS Change Change Change	registered egistered 3 IN 12 Addition Addition
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GNAIUHE: signature and typed of printed name of signing officer or director

Date

Døylime Phone # 0297147