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ET ADDRESS 63 STREET ADDRESS ST-ZIP 64 CITY-ST-ZIP I 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 andual report or supplemental angual 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (13 if changed, or earth attachment with a) address, with all other like empowered.	office or registered agent, or both, in the agent. I am familiar with, and accept the NATURE Signature, typed or printed name of regist OFFICE DST O'BEA, JUDI 1718 N.E. 26TH AVENUE FT. LAUDERDALE FL DP KAPLAN, JACK 1718 N.E. 26TH AVENUE ST-ZIP FT. LAUDERDALE FL DVP O'BEA, DENNIS 1718 N.E. 26TH AVENUE FT. LAUDERDALE FL DVP O'BEA, DENNIS 1718 N.E. 26TH AVENUE FT. LAUDERDALE FL ET ADDRESS ST-ZIP FT. LAUDERDALE FL ET ADDRESS ST-ZIP	e State of Florida. Suc e obligations of, Sectio tered agent and title if applicab TRS AND DIRECTOR	h change was aut n 607.0505, Florid Ie (NOTE: F S DELETE DELETE DELETE DELETE	Indized by the corporation Ja Statutes. tegistered 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 5.3 STREET ADDRESS	red when reinstating)	pose of changing its is e appointment as reg	RS IN 12 Addition
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213199 954-561-40	office or registered agent, or both, in the agent. I am familiar with, and accept the NATURE Signature, typed or printed name of regist OFFICE DST O'BEA, JUDI T718 N.E. 26TH AVENUE FT. LAUDERDALE FL DP KAPLAN, JACK 1718 N.E. 26TH AVENUE FT. LAUDERDALE FL DVP O'BEA, DENNIS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	e State of Horida. Suc e obligations of, Sectio	h change was aut n 607.0505, Florid DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Indized by the corporation da Statutes. tegistered 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 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 6.4 CITY-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	pose of changing its is e appointment as reg	RS IN 12 Addition