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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 informatic 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 unlier oath; that I am an	Pursuant office or r agent. a NATURE Et ADDRE:S ST-ZIP ET ADDRE:S ST-ZIP ET ADDRE:S ST-ZIP ET ADDRE:S ST-ZIP ET ADDRE:S ST-ZIP E	to the provisions of Sections registered agent, or both, am familiar with, and acce Signature. typed or printed here OF P SHEREMETA, RICHA 101 S.E. 6TH AVE.,S DELRAY BEACH FL S SHEREMETA, DOLO 101 SE 6TH AVE, S DELRAY BCH FL 33	in the State of Florida pt the obligations of, s of registered agent and little if FICERS AND DIREC ARD W. STE.E 33483 RES W. TE E	a. Such change was : Section 607.0505, Fli applicable (NOT TORS DELETE DELETE	84 City tes, the above-named ccr tes brida Statutes. tes 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE 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 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 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 6.3 STREET ADDRESS	red when reinstatung)	L ose of changing its appointment as regard ATE RS (ND DIRECTO) Change Change Change Change Change Change Change Change	r əqistered g stered F:S IN 12 Additio