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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 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 I am an	office of r agent. 1 a GNATURE LE ME LE ME LE ME LE ME LE ADDRESS Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE	registered agent, or both, in the S im familiar with, and accept the o Signature, upped or printed name of registere OFFICERS PST MYERSCOUGH, NEIL R. 1147 KING ARTURS COUI	State of Florida Such change was a obligations of, Soction 607.0505, Florida AND DIRE CTORS	authorized by the corpor- orida Statutes. E: Registered 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby accept the	appointment as registered <u>ITE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition </u>

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