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International or this amount report or supplemental amount eport is the and accurate and that my signature shall have the same legal effect as it made under dath; that 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 approars in Block 12 or Block 13 or Block and on an attachment with an endress.	Ince or registeried agent, or b Jent: Lam familiar with, and a STURE Science of open a protocol BEATY, D. S. 8585 HOLMBERG PARKLAND FL VORESS -ZIP NDDRESS -ZIP NDDRESS -ZIP NDDRESS -ZIP	oth, in the State of Florida. coopt the obligations of, S and of registered agent and little " a OFFICERS AND DIRECTO	Such change was a Section 607.0505, FIC	as, the above-named con uthorized by the corpore rida Statutes. E Registered Agent signature registric 13. 1.1 TITLE 1.2 NAME 1.3 STREFT 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 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 ZIP 5.1 ZIP	tion's board of directors. I hereby accei		Its registered is registered DRS IN 12 Addition
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