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certify that the information radio supplied with this niming is voluntarily furnished and does not doality for the exemption stated in Section 119.07(3)(k). Flonda Statutes, Hurther 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	 Plasuant to or register familiar with SNATURE F EF ADDRESS Y-SLZP F FADDRESS Y-SLZP F FADDRESS Y-SLZP F F ADDRESS Y-SLZP F F F F F F ADDRESS Y-SLZP F F F F ADDRESS Y-SLZP F ADDRESS Y-SLZP F ADDRESS SLADDRESS 	Senter brief of both, in the State of th, and accept the obligations of, Senter brief of phase name of relatere OFFICE RS DPV RIEHL, VIRGINIA PO BOX 603 TAVERNIER FL ST RIEHL, VIRGINIA PO BOX 603	Horida, Such c Section 607.05 tagent and title, if apo	Control Contr	IE Registered 13. 1.111 12 NA 1.3 SI 14 CII 2.1 TI 2 AA 2.3 SI 2 4 CII 3.1 TI 3.2 NA 3.3 SI 3.4 CII 4.1 TI 4.2 NA 4.3 SII 4.4 CII 5.1 TI 5.2 NA 5.3 SII 5.4 CII 6.3 SII 6.3 SII 6.3 SII	Agent signature requir Agent signature requir ITLE AGE ADDRESS TY - ST - ZIP TLE ME REET ADDRESS TY - ST - ZIP	ard of directors. Thereby accept the app		ng its re istered RECTO change change change	egistered offic agent. I am RS IN 12 Addition Addition Addition