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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 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 appears in	office or re agent. ar SIGNATURE IZ. TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS STTY-SI-ZIP TILE IAME STREET ADDRESS	egistered agent, or both, in the 5 m familiar with, and accept the of OFFICERS DPS MARCUS, ZVI 2101 NE 198 TER N MIAMI BEACH FL T MARCUS, ZVI 2101 NE 198 TER	Stato of Florida. Such change was obligations of, Section 607.0505, F isd agent and tile if applicable (NC S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the abow authorized by forida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- 5.4 CITY- 5.3 STREET 5.4 CITY- 5.4 CITY- 5.5 STREET 5.4 CITY- 5.5 STREET 5.5 S	ADDRESS ST-ZIP ADDRESS ST-ZIP	tion's board of directors. I hereby acc	DATE DATE Change Change Change	its registered s registered RS IN 12 Addition Addition

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