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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 officer or director of the corporation or the reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 73 in changed, or on an attagraphent with an address.	SIGNATURE Signature sysked or printed name 12. C 11. D NAME CALHOUN, JOHN STREET ADDRESS 3150 FLORIDA CI KISSIMMEE FL KISSIMMEE FL VITLE KISSIMMEE FL NAME STREFT ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS	of registered agent and life Plankcate DFFICERS AND DIRECTORS DEC. OACH DR 34 74 1 DE DE DE DE DE DE	Ida Statutes, the above-handd corp is authorized by the corporation's bo a Statutes. INO'E Rogiste of Agnitisgrutus recess 13. ELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP ELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 C-TY-ST-2IP ILETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2IP ILETE 5.1 TITLE 5.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2IP ILETE 5.1 TITLE 5.3 STREET ADDRESS 4.4 CITY-ST-2IP ILETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-2IP ILETE 6.1 TITLE 6.3 STREET ADDRESS	Doration sufficients this statement for the purpose of changing its registered office card of directors. Thereby accept the appointment as registered agent. Fam about the appointment as registered agent. Fam	2E034 (12/95)