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T do heroby certify that the information supplied with this filling 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	Pursuant office or r agont 1 a NATURE E Et ADDRESS -S1-2IP E ET ADDRESS -S1-2IP E ET ADDRESS -S1-2IP E ET ADDRESS -S1-2IP E EL ADDRESS -S1-2IP	to the provisions of Sec registered agent, or both the familiar with, and acc Signature, lypid or prefiled cam C PD WEEKS, KATHERIN 4931 86TH AVE N WEEKS, ARNOLD 0 4931 86TH AVE N	tions 607,0502 and 60 n, in the State of Florida cept the obligations of, n of registered agent and tele 1 OFFICERS AND DIRECT IE M. L	appricable (NOTE TORS DELETE DELETE DELETE DELETE DELETE DELETE	84 City s. the above-named corporation uthorized by the corporation Intervention 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2 NAME 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstaling)	PL purpose of changing it purpose of changing it potre CERS AND DIRECTOR Change Change Change Change Change Change	S IN 12 Addition