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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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; that I am an officer or meeting 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 Block 12 or Block 13 if changed, or on an attachment with an address.	Gamiliar with SIGNATURE 12. 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	Stputor predocent the poligation Stputor predocent the poligation OFFI STD ROSEN, NORMAN S. 215 SW LEJEUNE RI MIAMI FL DP ROSEN, CLIFFORD L 215 SW LEJEUNE RI	Bellered agent and blo if avvicable Genered agent and blo if avvicable CERS AND DIRECTORS	DELETE	Dy the corporation's boat Michael N Construct Signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 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 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6 1 TITLE	ration submits this statement for the pure of directors. I hereby accept the app K. Northop	A 16/96</td DATE ICERS AND DIRECTORS IN 12 Change Addition
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