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4. To be level to that the information indicated on this annual report is 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	(-\$T-2IP E AE EET ADDRSSS (-\$T-2IP F AE IEET ADDRESS Y-\$T-2IP E EET ADDRESS Y-\$T-7IP LE ME IEET ADDRESS Y-\$T-7IP LE ME	DELETE	3 4 CITY 4 1 11/L 4 2 NAM 4 3 STRE 4 4 CITY 5 1 TITL 5 2 NAM 5 3 STRE 5 4 CITY 6 1 TITL 6 2 NAM 6 3 STRE 6 4 CITY	- ST - ZIP - ST - ZIP EE EE I ADDRESS - ST - ZIP EE EE ADDRESS - ST - ZIP EF ADDRESS - ST - ZIP EF ADDRESS - ST - ZIP		Chang	e 🗋 Addition e 🚺 Addition