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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered.	Signature, typed or printed name of registered agent i FILE NOW: FEE IS \$61.25 OFFICERS AND DIF OFFICERS AND DIF EE IS \$61.25 SEYMOUR, ELOIS 9421 NW 18 MANOR PLANTATION FL 33322 E D PALMER, MICHELLE 2222 NW 56 AVE. LAUDERHILL FL 33313 E E D PALMER, MICHELLE 2222 NW 56 AVE. LAUDERHILL FL 33313 E E C E E E E E E E <td c<="" td=""><td>9. Election Campaigr Trust Fund Contrib RECTORS</td><td>Tinancing ution. \$5 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>5.00 May Be ded to Fees</td><td>Make Check Payable to Department of State ES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Addition Cha</td></td>	<td>9. Election Campaigr Trust Fund Contrib RECTORS</td> <td>Tinancing ution. \$5 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>5.00 May Be ded to Fees</td> <td>Make Check Payable to Department of State ES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Addition Cha</td>	9. Election Campaigr Trust Fund Contrib RECTORS	Tinancing ution. \$5 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.00 May Be ded to Fees	Make Check Payable to Department of State ES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Addition Cha