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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 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	-31-27	Pursuant to the office or regist agent. I am far SNATURE E DV E DV E DV E DV E DV E DV E DV E D	he provisions of Sec tered agent, or both milliar with, and acc ature, typed or printed name NERSTEIN, W E MALTAGIRONE, VIN MALTAGIRONE, VIN M	, in the State of Florid. ept the obligations of, a of registered agent and the if DFFICERS AND DIRE #1000 #1000 #CENT T. #1000	a. Such change was au Section 607.0505, Flor applicable. (NOTE CTORS DELETE	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 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 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	poration submits this statement for the purpose on's board of directors. I hereby accept the a ad when reinstating) DAT	L	

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