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tormation indicated on this annual population or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; th an an officer or director of the cordoration or the receiver or true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	CIRCINICATION CONTRACTOR CONTRACT	Ite of Florida. Such change was a igal-ons of, Section 607.0505, Flo agentano tile il applicable. (NOT ND DIRECTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named co authorized by the corpor- orida Statutes. E: Registered Agent signature req 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereby acce		ts registered
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A574