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4. 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 director of the compation or the receiver or the provide and the model.	11. Pursuant to or register familiar wit SIGNATURE - 12. TITLE - NAME - STREET ADDRESS - DITY - ST - ZIP - TITLE - NAME - STREET ADDRESS - DITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - CITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - CITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - CITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - CITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - CITY - ST - ZIP - TITLE - NAME - TREET ADDRESS - TITLE - AME - TREET - TITLE - AME - TREET - ADRESS - AME - AM	to the provisions of Sect red agent, or both, in the th, and accept the oblig Signature, typed or printed name D SCHATZ, PETER 18 N BLVD OF T SARASOTA FL 3	ations of, Section 607.0 e of registered agent and tire 1 am OFFICERS AND DIRECT INE PRESIDENTS 14236	1505, Florida Statutes raicarae NC TORS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above-named corporation's boards set by the corporation's boards s. OTE: Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO	Durpose of cha appointment as OFFICERS AND	