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14. I do hereby certify that the information supplied with this filing is countarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicates on this appeal effect as if made upday.	STE 34 BOCA 11. Pursuant to or register familiar with signature. 12. The name street address city-st-zip the name	PATON FL 33486 to the provisions of Socied agent, or both, in the color and accept the oblining signature, typed or printed narrangements of the color and	etions 607.0502 and 607. te State of Florida. Such of gations of, Section 607.05 te of registered agent and title if app OFFICERS AND DIRECT.	DELETE DELETE DELETE	Jies, the above ized by the colors. 13, 1,1 TII 12 NAI 13 STF 14 CIT 2 1 TII 22 NAI 23 STF 24 CIT 3 1 TII 42 NAI 43 STF 44 CIT 5,1 TIII 52 NAI 53 STR 54 CIT 61 TIII 62 NAI	R4 City No-named corporation's board signature require LE ME IEEE ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME	ard of directors. I hereby acce	pt the appo	DAYE CERS AND D	ging its registered DIRECTO Change Change Change Change	agistered office agent. I am RS IN 12 Addition Addition Addition Addition
	STE 34 BOCA 11. Pursuant to register familiar with signature. 12. The name street address city-st-zip street address city-st-zip	RATON FL 33486 to the provisions of Socied agent, or both, in thin, and accept the obli- Signature typed or printed nar D NOVAK, ROBE 12142 NW 33 CORAL SPRIN	otions 607.0502 and 607. Itel State of Florida. Such of pations of, Section 607.05 Itel of registered agent and title if appropriate the section of the se	DELETE DELETE DELETE DELETE	Jies, the above ized by the coes. 13. 1.1TH 12 NAI 13 SIF 1.4 CIT 2 1 TH 22 NAI 23 SIF 24 CIT 3 1 TH 32 NAI 33 SIF 4.1 TH 42 NAI 43 SIR 4.4 CIT 5.1 TH 5.2 NAI 6.3 SIF 6.4 CIT 6.1 TH 6.2 NAI 6.3 SIF 6.4 CIT 6.4 CIT 6.4 CIT 6.5 CIT 6.5 CIT 6.5 CIT 6.5 CIT 6.5 CIT 6.5 CIT 6.6 CIT 6.6 CIT 6.6 CIT 6.7 CIT	B4 City Te-named corporation's boat Append signature require LE ME LE ME LE ME LE LE ME LE L	and of directors. I nereby accessed when reinstating: ADDITIONS/CHANGE	S TO OFF	DAYE CERS AND D	ging its registered DIRECTO Change Change Change Change	agistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition