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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; th Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment/with an address	agent T an AQENT TADDESS ST-201 E ET ADDRESS -ST-201 E ET ADDRESS	P WCKERS, FAYE (8130 COLVILLE S	Ine of report and agains of, S OF FICE RS AND DIRECTO C ST.	DELETE	les, the above-named cor authorized by the corpora orida Statutes. IE: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ired when reinstating)	Char Char	ing its registered