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4. I do 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 upplemental 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 corp, autory in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block X of Campeer or an activement with an address.	SIGNATURE III.E AAME SIRET ADDRESS CITY-ST-70 III.E NAME SIRET ADDRESS CITY-ST-70 III.E VAME SIRET ADDRESS CITY-ST-70 III.E VAME	Signation register or protective COT OF LEBIN, LARRY C 10921 N.W. 20 DRIV		DTE: Rogistered Agent signature req. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY · ST · ZIP 2 1 TITLE 22 NAME 2 3 STREET ADDRESS 2 4 CITY · ST · ZIP 3 1 TITLE 32 NAME 33 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 4.3 STREET ADDRESS 4.4 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 6.1 TITLE 6.2 NAME	uired when reinstating)	DATE CERS AND DIRECTORS Change Change Change Change Change Change Change Change	IN 12 Addition Addition Addition Addition Addition Addition
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