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14. If 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 do hereby 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 made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a that my name appears in Block 12/4 Block 13 if changed, or on an machinent with an address.	(II) 1-12. (II) 1-12. (III) 1-	11. Pursuant to the provisic office or registered ago agent. I am familiar with SIGNATURE SIGNATURE SIGNATURE SIGNATURE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ons of Sections 607, 0500, nt., or both, in this State in and accept the obligate protes rank of registral age OFFICERS AN DOMINIC SECOND AVE	DELETE DELETE DELETE DELETE DELETE	84 City Is, the above-named corporationized by the corporations statutes. In the statutes. 13. The statutes. 13. The statutes. 13. Street ADDRESS 14. City-ST-ZiP 21. Title 22. NAME 23. STREET ADDRESS 24. City-ST-ZiP 31. Title 42. NAME 33. STREET ADDRESS 34. City-ST-ZiP 41. Title 42. NAME 43. STREET ADDRESS 44. City-ST-ZiP 51. Title 52. NAME 53. STREET ADDRESS 54. City-ST-ZiP 61. Title 62. NAME 63. STREET ADDRESS 54. City-ST-ZiP 61. Title 62. NAME 63. STREET ADDRESS 64. City-ST-ZiP 61. Title 62. NAME 63. STREET ADDRESS 64. City-ST-ZiP 61. Title 62. NAME 63. STREET ADDRESS	o red when revista(r.g)	purpose of changing its registered pt the appointment as registered. DATE