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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 comportion or the received or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	office or regis agent. I am fa SiGNATURE 2. TILE D AME JC TREET ADDRESS 2C TY-ST-ZIP CI TILE D AME JC TREET ADDRESS 2C TREET ADDRESS 2C TREET ADDRESS 2C TITE AME JC TREET ADDRESS 2C TITE AME TREET ADDRESS	Antiliar with, and acc antiliar with, and acc ature, typed or printed name ones, THERESA 045 DREW ST. LEARWATER FL 3 0NES, WARREN D 045 DREW ST. LEARWATER FL 3 0NES, KEN 045 DREW ST.	in the State of Florida apt the colligations of S e Ofregistered agent and title If a DFFICERS AND DIREC 04625	I. Such change was au Gection 607.0505, Flor Applicable. (NOTE: TTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named conthorized by the corporation Statutes. Registered Agent signature required to the corporation of the cor	red when reinstating)	FL purpose of changing its 20 -99 DATE FICERS AND DIRECTO □ Change □ Change □ Change □ Change □ Change □ Change	RS IN 12 Addition
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