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-ST-ZP T 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; t	COCONUT GROM	E FL 33133 s of Sections 607.050 . or both, in the State and accept the obliga OFFICERS ANI DALMIRO B A STREET GROVE FL JOAO C A STREET	of Florida Such ch. ations of, Section 60 Intenditic if applicable D DIRECTORS	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B3 B4 S, the above thorized b ida Statute Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	City e-named corry the corpora s. ent signature required t ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstaling)		s registered registered S IN 12 Addition Addition