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14. I 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; that I am an	11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. Am familiar with, and accept the obligat SIGNATUR SIGNATUR Signature, typed or printed name of registered agent 12. OFFICERS AND 1100 N. FLA MANGO RD., #C WEST PALM BEACH FL 33409 TILE ITREET ADDRESS ITT-ST-ZIP ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	If Florida. Such change was au ons of, Section 607.0505, Flori and title If applicable. (NOTE: 1 DIRECTORS DIRECTORS DELETE	s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the app <i>B</i> .19. ed when reinstating) DATE	L	