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| 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I 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 furth 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 up oath; that I am an officer or director of the expectation, the signature indicated in the same legal effect as if made up and that I am an officer or director of the expectation in the signature indicated in the same legal effect as if made up and that is the information indicated on this annual report is frue and accurate and that my signature shall have the same legal effect as if made up and that I am an officer or director of the segmentation indicated in the same legal of the origination in the same legal effect as if made up and the same legal effect as if made up and that I am an officer or director of the segmentation indicated in the same legal effect as if made up and the same legal effect as if made up and the same legal effect as if made up and the same legal effect as if made up and the same legal effect as if made up and the same legal effect as if made up and the same legal effect as if an address. | POMPAN 1. Pursuant to or registered familiar with IGNATUPE | NO BEACH FL the provisions of d agent, or both, i h, and accept the or agrature, typed or printer D FURMAN, E 610 EAGLE | 33073 Soctions 607.0502 In the State of Floric boligations of Section Iname of registered eport OFFICERS AND OWARD DR | and tile fa | DELETE | Image: second | B4 Orty bove named corpic corporation's box add Apent's analysis to re- a 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS 4 City - ST - ZiP 1 TILE 2 NAME 3 STREEL ADDRESS | red who on that any | | | nging its re registered DIRECTO Change Change Change | egistered offic agent Lam F(S IN 12 Addition Addition Addition |