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617-51-2P 64 CITY-S1-2P 64 CITY-S1-2P 64 CITY-S1-2P 64 CITY-S1-2P 14. I do hereby certily 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 unc	office or reagent 1 ar algent 1 ar sIGNATUFE 2. ITLE AME TARET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME IRSET ADDRESS ITY-ST-ZIP TLE AME IRSET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME THE TADDRESS	egistered afient, or both, in th in familiar vite and accept th Very Court Signature system printed name of the OFFICE PSTD SCHULTE, WOLFRAM 803 HAMILTON AVE LEHIGH ACRES FL 3393 V ACHTERT, GUNHILD C/O 803 HAMILTON AVE	le State of Florid Subjections of Streed ager Land life of RS AND DIREC	IA Such change was a Section 607.0505. Flo TORS	Authorized by the corporate From Statutes. Bogistered Agent signature 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 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	corporatio poration's b required when	in submits this stater board of directors. I n reinsteling) ADDITIONS/CHANG	Hereby accer	2 (4 / 9 DATE DERS AND CERS AND 1 -D 3393	Intment as	registered