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4. There ty 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	agent. au GNATURE 2. LE ME REET ADDRE SS Y-ST-ZIP LE ME ME	egistered agent, or bo h, ir m familiar with, and ac cep Signature, typed or printed na ne of OFF D ROSEN, HARRY B 779 E MERRITT ISLAI MERRITT ISLAND FL D SCHLEITH, KEVIN 215 E CRISAFULLI R	n the State of Florida ot the obligations of S (registered agent and the if a FICERS AN() DIREC ND CSWY 32952	Such change was au Section 607.0505, Fkor IDRS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	IS, the above-named thorized by the corputation of the above-named thorized by the corputation of the above-named structure of the above-named of the above-named thorized by the corputation of the above-named the above-named signature of the above-named the above-named structure of the above-named and the above-named structure of the	equired when reinstatin		t for the purpose of by accept the appoin DATE TO OFFICERS (N	ID DIRECTO Change	F:S IN 12 Addition Addition Addition Addition