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9. Name and Address of New Registered Agent     19. Name     10.	Zip			·			
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indicated on this annual apport or supplementation of the report of true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the releiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that and or on an attactment with ad address.	CITY-ST-ZIP 14. I hereby cr	artify that the information supplied v	that this fing does not qualify for the	e exemption stated in se	etion 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	1
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AUGUST 2, 1999

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN: PERSUANT TO OUR TELEPHONE CONVERSATION OF NOT RECEIVING THE FIRST COTIFICATION OF ZHE 1999 PROFIT CORPORATION ANNUAL REPORT PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$150.00. THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER. FINCERELY ROBERT STEINER

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