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14. Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section (30), norted orables, 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 office or n agent. I a SIGNATURE 12. ITTLE IAME ITTLE IAME STREET ADDRESS STR'ST-ZIP ITTLE IAME STREET ADDRESS STR'ST-ZIP ITTLE IAME STREET ADDRESS STR'ST-ZIP ITTLE IAME STREET ADDRESS STR'ST-ZIP ITTLE IAME STREET ADDRESS STR'ST-ZIP ITTLE IAME STREET ADDRESS STR'ST-ZIP	to the provisions of Seregistered agent, or boti m familiar with, and acc Signature, typed or printed nam D MENDELSON, PHI 4170 SHADOW CF OVIEDO FL 32765	ctions 607.0502 ar h, in the State of F cept the obligation e of registered agent and OFFICERS AND D LIP R REEK CIRCLE	I Uite if applicable. (NOT IDIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes, the at authorized rida Statu 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CR 2.1 TT 2.2 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT 6.1 TT 6.2 NA 6.3 ST	84 City Pove-named cor by the corporative Agent signature require REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ed when reinstating)	DATE	DIRECTO	RS IN 12 Addition