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25 29 30 Personal Property Tax. Cross X 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent. 10. Name and Address of New Registered Agent. SMOLEY, ROBERT 1700 MiAMI CENTER:201 S. BISCAYNE BLVD 81 Name MAMI FL 33131 84 City FL 85 Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of charging its registered agent, an antimize with, and accept the oblightons of, Section 67.0503, Florida Statutes. 64 City FL 85 Zp Coc Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes. 100 Florida St	City & State	• • • • • • • • • • • • • • • • • • •	28	State		Trust Fund Contribution	\$5.00 May Be Added to Fees
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5T-ZIP I hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	MIAN Pursuant o office or re agent. I ar SNATURE E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E T ADDRESS -ST-ZIP E E E T ADDRESS -ST-ZIP	to the provisions of Section m familiar with, and accept Signature, typed or printed name of n OFFI PD ROEBUCK, NORMAN 7879 PINES BLVD	the obligations of, Section		84 City a, the above-named corporate la Statutes. tegistered Agent signature require 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADORESS 1.4 City-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 City-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 City-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4. CITY-ST-ZIP 5.1 TITLE 2.2 NAME 3.3 STREET ADORESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	poration submits this statement for the purpose of on's board of directors, il hereby accept the approved when reinstating) DATE	