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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 officer or director of the corporation or the receiver or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	office or r	registered agent, or bot m familiar with, and acc Signature, typed or printed nam D RAFFA, J 1191 E NEWPORT DEERFIELD BEAC	h, in the State of Florida. cept the obligations of, S ne of registered agent and title if a OFFICERS AND DIREC CENTRE DR H FL 33442	Such change was aut ection 607.0505, Florid TORS DELETE DELETE DELETE DELETE DELETE	s, the above-named co thorized by the corpora da Statutes. Registered Agent signiture req 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 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 3.4 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	Definition submits this statement for the purpose of ation's board of directors. I hereby accept the appo urred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A DATE ADDITIONS/CHANGES TO OFFICERS A DATE	of changing its registered ointment as registered UND DIRECTORS IN 12 Image Image Addition Image
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