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			City	FL Zip Code
8. The above na	amed entry spomits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.
. [	NIN UHAD	•		
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable (NQT	E: Registered Agent signature requi	ired when reinstating) DATE
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13. I hereby cer indicated or	rtify that the information supplied with n this report or supplemental report i	h this filing does not qualify for is true and accurate and that	or the exemption stated in my signature shall have the	Section 119.07(3)(i), Horida Statutes. I further certify that the information has same legal effect as if made under oath; that I am an officer or director.  607. Florida Statutes: and that my name appears in Block 11 or Block 12 if
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Tax filing req (See criteria  11.  11/LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby cer indicated or of the corpor changed, or	uirement and elects to do so. on back)  OFFICERS AND  PLESTAD T  WAITER VEINTEM  IS 231 SW 1444  M. AM: EL 33185  Tritly that the information supplied with a supplemental papert is report or supplemental papert is report or an attachment with an address.  IRF	ARE MAY 1, 26 Make Check Payal  Delete  Delete  Delete  Delete  Delete  Delete	12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE	Trust Fund Contribution.