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mormanon moleared on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that) am an officer or director of the corporation or the receiver or tructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or	SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-20 ³ TITLE NAME STREET ADDRESS	Signature, typical or printed in PD SHAW, DOUGLA 4781 N. ST. BRI	anno of registered agont and Mix if a OFFICERS AND DIRECT	Applicative (NOTI ORS DELETE DELETE DELETE DELETE DELETE	es, the above-named con uthorized by the corpora- rida Statutes. E Registered Agent signature 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 2.4 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	uired when reinstating)		ts registered registered RS IN 12 Addition Addition Addition Addition
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