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64 CITY - ST - ZIP	I do 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 indicated on this annual report of supplemental annual report is true and course and that my signature shall have the same legal effect as if made under oath; the	NATURE Signalare typed or particular typed or	OFFICERS AND DIREC	I CIFICADOLE TTURS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	A CITY-ST-ZIP A TITLE A STREET ADDRESS A CITY-ST-ZIP A TITLE S Z NAME A STREET ADDRESS A CITY-ST-ZIP A TITLE S Z NAME A STREET ADDRESS A CITY-ST-ZIP A TITLE S Z NAME A STREET ADDRESS A CITY-ST-ZIP A TITLE S Z NAME S STREET ADDRESS A CITY-ST-ZIP A TITLE S Z NAME S STREET ADDRESS A CITY-ST-ZIP S TITLE S Z NAME S Z NAME S Z NAME S Z STREET ADDRESS A CITY-ST-ZIP S TITLE S Z NAME S Z NAME S Z STREET ADDRESS S Z S Z S Z S Z S Z S Z S Z S Z S	ired when reinstaling)	FL 1331 purpose of changing its pt the appointment as its Date CERS AND DIRECTOR: CERS AND DIRECTOR: Change Change Change Change	S IN 12 Additio