FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90018 004 ****70.00

Corporation Name

SAFESPACE SHELTER OF DADE COUNTY, INC.

Mailing Autoreas US NE 102 ST TRUE ST								
MAMA BLAND STATE	Mailing Address				A SECURIT AND SOME PORTE WHITE SALES HER SHOW SHOW BELLE BEL			
35 NE 128 ST NO JAMAN SCH PT. 33162 36 NE MANUE CT US MANUE SCH PT. 33162 37 No MANUE SCH PT. 33162 38 NE MANUE CT US MANUE SCH PT. 33162 39 No MANUE SCH PT. 33162 30 No MANUE SCH PT. 33162 31 No MANUE MANUE SCH PT. 33162 31 No MANUE MANUE SCH PT. 33162 31 No MANUE MAN	ncipal Place of Business			ļ			 	
31 AE MINIST CONTROL OF Business 22		NO MIAMI BCH.FL.33	162) (Ai Biait arate a	fill Bifit Ainn are	31 (10)
Principal Plazo of Business	N NE MIAMI CT.				()BEING OF SIM COMM	•	•	
Principal Place of Business	JIAMI BCH FL 33162	03						
Suito, Apt. 6; Suito, Apt. 8; etc. Suito, Apt. 9; etc. Sui								
Suite, Apt. 8, etc. 26					3. Date Incorporated or Qualifed			1
Suite, Apt. 6, etc. Suite, Apt. 6, etc.	5 Dunings	2a. Mailing Address	•		08/04/1992			
Surie, Apt. 8, etc. Surie, Apt. 8, etc. 27	Principal Place of Business	26				•		
Suite, 4, 5, 4,					65-0353923			
City & State Zip County Zip County Zip County State S	Suite, Apt. #, etc.	 - 		· ·	00 0000020		\$8.75 Addi	uuia -
Country Zip Country Zip Country S. D. Many Re Added to Fees Signature Sign		27 State			5. Certificate of Status Desired	36	Fee Requit	red
Added to Fees Some and Address of Current Registered Agent State	City & State	City & State	•		<u> </u>		¢E 00 No	Bo
Superior Country 29 30 Trust Fund Contribution Trust Fund Fund Fund Fund Fund Fund Fund Fund	,	28	Car	untar.	6. Flection Campaign Financing	Π.		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOSLEY, DEAN F. 2800 BISCANNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 95 Zip Code 84 City FL 95 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 95 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Add City FL 95 Zip Code 88 Address of registered agent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing in registered land in the process of changing in registered land in the process of changing in registered land in the purpose o	Country	Zip		iniu y	Contribution		710	662
S. Name and Address of Current Registered Agent MOSLEY, DEAN F. 2800 BISCANNE BLVD. STE. 800 MIANI FL 33137 TIT. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutins, the abnovement opporation submits this statement for the purpose of changing its registered concerning on registered agent, or both, in the State of Florida Statutins, the abnovement opporation submits this statement for the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement opporation submits this statement for the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the growth of the state of Florida Statutins, the abnovement of the purpose of changing its registered concerning to the concerning to	Zip	20	30		10 Name and Address of New	Registered A	gent	
MOSLEY, DEAN F. 2800 BISCAYNE BLVD. STE 800 MIAMI FL 33137 11. Pursuant to the provisions of Sections 917 0502 and 617 1509. Florida Statutes, the above-named corporation submits this statoment for the purpose of changing, to registered again, or both, in the State of Florida Such change was authorized by the corporation's submits this statoment for the purpose of changing, to registered displayment, and accept the obligations of Section 817,0507, Florida Statutes, the above-named corporation submits this statoment for the purpose of changing, to registered difference of the purpose of changing to registered differe	25				to. Name und			l.
MOSLEY, DEAN F. 2800 BISCAYNE BLVD. STE. 800 MIAMI FL. 33137 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statoment for the purpose of changing, to registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statoment for the purpose of changing, to registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statoment for the purpose of changing, to registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statoment for the purpose of changing, to registered agent and state accept the obligations of Section 67, 5003. Florida Statutes. **SIGNATURE** **SIGNATURE** **SIGNATURE** **SIGNATURE** **SIGNATURE** **OFFICERS AND DIRECTORS **In ITTILE** **PD **OFFICERS AND DIRECTORS **In ITTILE** **PD **OFFICERS AND DIRECTORS **In ITTILE** **IN ITTILE** **PD **IN ITTILE** **PD **IN ITTILE** **OFFICERS AND DIRECTORS **IN ITTILE** **I	9. Name and Address of	Current Registered Agent			•			
MOSIEY, DEAN F. 2800 BISCAYNE BLVD. STE. 800 MAMI FL 33137 TI. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing (its registered of sections for both in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of sections of registered experiments are registered of the section of the provision of the provisio	The second secon	Ac who is			- (D.O. Box Number is Not Accep	table)		1
2800 BISCATYNE BLVI. STE. 800 MIAM FL 33137 By City By City By City By By City By By City By City By By City By By City By By City By B		when the many and the sail of		82 Street Addr	ess (P.O. Box Hallies			
STE 800 BISCAYNE BLVU. STE 800 BISCAYNE BLVU. STE 800 MIAMI FL 33137 BISCAYNE BLVU. BISCAYNE	MOSLEY, DEAN FACE OF U	這們 怎樣領路和企業等的		\ <u>-</u>				\
STE. 800 MIAMI FL 33137 84 City FL	2800 BISCAYNE BLVD.			83	·		Test Zin Co	de de
MIAMI FL 33137 TI. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing like rigidisered price or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered is registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered. If significant in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I hereby accept the appointment as registered. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DELETE 1.1 TITLE PD BAKER, ELIZABETH 615 GONDOLIERE CORAL GABLES FL 33146 DELETE 1.2 TITLE PD TITLE VPD TITLE VPD TITLE VPD TITLE VPD TITLE SIGNATURE STREET ADDRESS TAS NW 4TH AVE 2.2 NAME 2.2 NAME 2.3 NERET ADDRESS COTY-51-72P SONAME STREET ADDRESS SONATURE SONAME SONAME SONATURE SONAME SONAME SONATURE SONAME SONATURE SONAME SONATURE	CTE 900			1 2 2		C I	1 1	
SIGNATURE Signature, hyber or privided name of regulations of segmentation. (NOTE: Regulationed Agent eigensture renquired when remalating) 72. OFFICERS AND DIRECTORS TITLE PD SAKER, ELIZABETH STREET ADDRESS CITY. ST. ZIP CORAL GABLES FL. 33146 CITY. ST. ZIP TIME VPD TIME VPD TIME VPD TIME STREET ADDRESS CITY. ST. ZIP SIDE SOC ARTON FL. 33432 CITY. ST. ZIP TIME SD TIME				1-1	A CONTRACTOR OF STREET	- 12 30 L.	ite re	nistered -
SIGNATURE SIGNATURE Signature, hyber or printed name of registered agent and title if applicable. (NOTE: Registative Agent eignature required when remalating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 12. NAME 13. STREET ADDRESS 14. CITY. ST. ZIP Change Addition Addition Addition 14. CITY. ST. ZIP Change Addition Ad	MIAMI FL 3313/			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	poration submits this statement for th	e purpose of	changing its redi	stered
SIGNATURE Signature, types or privided name of regularend agent and title if applicables. NOTE: Regulationed Agent eignature required when remutating) DATE	A ANN AND ADD THE	617 0502 and 617,1508, Florida	Statutes, the	above-named con	ion's board of directors. I hereby acc	ept tile appoi	\$ 5.5 Biller & All	- 1887 ES83
SIGNATURE Signifiler with, and accept the obligations of, control of provided name of regulations of provided name of regulations. (NOTE Regulations Agent algorithm required when remutating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ITTILE Change Addition	11. Pursuant to the provisions of Sections	e State of Florida. Such change	was authorizi	ed by the corporati	The state of the state of the state of			1
SIGNATURE Signature Typed or printed name of registered agent und line if application. (NOTE Registered Agent signature required when remaining)	office or registered agent, or bott, and accept the	ne obligations of, Section 617.05	03, Florida 02		·	 _		_ [
12. OFFICERS AND DIRECTORS TITLE PD BAKER, ELIZABETH STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 DELETE CITY-ST-ZIP LOCAR RATION FL: 33432 DELETE SD MAKE SON HAND SS SCHIEF 195 ST STREET ADDRESS CITY-ST-ZIP N MIAMI BCH FL 33179 DELETE A 2 NAME 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS MIAMI FL 33156 DELETE SITULE A 3.5 STREET ADDRESS STREET ADDRESS STREET ADDRESS MIAMI FL 33156 DELETE STREET ADDRESS CITY-ST-ZIP Change Addition A dillion A d	A sagenur annual			A cont eigogture recul	red when reinstating)	DAIE	ID DIRECTOR	S IN 12
12. OFFICERS AND DIRECTORS TITLE NAME BAKER, ELIZABETH STREETADORESS 615 GONDOLIERE CITY.ST-ZIP CORAL GABLES FL 33146 TITLE VPD TRINKA, DEBORAH STREETADORESS 1745 NW 4TH AVE BOCA RATON FL 33432 DELETE SD NAME STREET ADORESS STREET ADORESS STREET ADORESS CONSTRUED ADORESS STREET AD	SIGNATURE	sistered agent and title if applicable.			ADDITIONS/CHANGES TO	JEFICERS A	Chonge	Addition
TITLE NAME STREET ADDRESS OTTV-ST-ZIP TITLE VPD NAME TRINKA, DEBORAH TTAS NW 4TH AVE BOCA RATON FL-33432 TITLE SD NAME ROTH-ROSLYN STREET ADDRESS OFF-ST-ZIP SD NAME STREET ADDRESS TOTT-ST-ZIP TITLE SD NAME STREET ADDRESS TOTT-ST-ZIP TITLE SD STREET ADDRESS TOTT-ST-ZIP TITLE STREET ADDRESS TOTT-ST-ZIP NAME STREET ADDRESS TOTT-ST-ZIP Change Addition Ch	OPEICERS AND DIRECTORS				· · · · · · · · · · · · · · · · · · ·		☐ Cuande	ا
NAME STREET ADDRESS 615 GONDOLIERE CORAL GABLES FL 33146 CTY-ST-ZIP CORAL GABLES FL 33146 CTY-ST-ZIP CORAL GABLES FL 33146 CTY-ST-ZIP NAME TRINKA, DEBORAH T745 NW 4TH AVE BOCA RATON FL 33432 TITLE SD NAME NAME NAME STREET ADDRESS TREET ADDRESS	12.	☐ DEL	ETE 1.1	1 TITLE	***			
NAME BAKEN, ELIZABETH 615 GONDOLLERE CORAL GABLES FL 33146 DELETE TITLE VPD TRINKA, DEBORAH 1745 NW 4TH AVE CITY-ST-ZIP BOCA RATON FL:33432 DELETE 3.1 TITLE SD ROTH, ROSLYN STREET ADDRESS CITY-ST-ZIP N MIAMI BCH FL 33179 DELETE TITLE LEGGE, LOIS STREET ADDRESS STREET ADDRESS TACTY-ST-ZIP NAME LEGGE, LOIS STREET ADDRESS TACTY-ST-ZIP NAME LEGGE, LOIS STREET ADDRESS STREET ADDRESS TACTY-ST-ZIP NAMI FL 33156 DELETE DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.7 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition Addition Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition Change Chang	TITLE PD		1.3	2 NAME		•		
STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TILE VPD TRINKA, DEBORAH STREET ADDRESS TREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME NAME STREET ADDRESS TOTY-ST-ZIP NAME NAME NAME STREET ADDRESS TOTY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	BAKER, ELIZABETH		1.	3 STREET ADDRESS	A STATE OF THE STA			ĺ
CITY-ST-ZIP CORAL GABLES FL 33146	ALE CONDOLIERE						Change	notibbA 🗆
TITLE VPD TRINKA, DEBORAH STREET ADDRESS CITY-ST-ZIP BOCA RATON FL:33432 DELETE STREET ADDRESS CITY-ST-ZIP TITLE SD NAME ROSLYN STREET ADDRESS 66 NE: 195 ST CITY-ST-ZIP DELETE TITLE P NAME RUDOLPH, PEGGY STREET ADDRESS	STREET ADDRESS 013 GOTAL CAPIES EL 33	146					Change	<u> </u>
TRINKA, DEBORAH STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 DELETE SITULE SD NAME STREET ADDRESS	Of 1 - 0 + 2	☐ DE	LETE 2	.1 ππLE				
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 DELETE TITLE SD NAME OF THE NORTH ROSLYN STREET ADDRESS STREET A	TITLE VPD		2	2 NAME	,]
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 DELETE TITLE SD NAME OF THE NORTH ROSLYN STREET ADDRESS STREET A	TRINKA, DEBORAH		١,	2 STREET ADDRESS		•		
CITY-ST-ZIP BOCA RATON FL 33432 DELETE 3.1 TITLE SD NAME ROTH, ROSLYN 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS TOPY-ST-ZIP N MIAMI BCH FL 33179 DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 DELETE P NAME NAME P RUDOLPH, PEGGY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 6.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 6.3 STREET ADDRESS	ATLI AVE		1 1		`		Change	☐ Addition
TITLE SD NAME PROTH, ROSLYN STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OTN'ST-ZIP ON MIAMI BCH FL 33179 DELETE 4.1 TITLE LEGGE, LOIS STREET ADDRESS OTN'ST-ZIP MIAMI FL 33156 TITLE P NAME RUDOLPH, PEGGY STREET ADDRESS	STREET ADDRESS 1/45 TON EL 334	32 1.754					Cuanda	
TITLE SD NAME OF THE POSLYN STREET ADDRESS 656 NE 195 ST OT AST ZIP OF NE NAME LEGGE, LOIS STREET ADDRESS 7345 SW 133 TERR OT AST ZIP OF NAME NAME POSLYN NAME POSLYN STREET ADDRESS 7345 SW 133 TERR OT AST ZIP OF NAME NAME POSLYN STREET ADDRESS 7345 SW 133 TERR OT AST ZIP OF NAME NAME POSLYN STREET ADDRESS 7345 SW 133 TERR OT AST ZIP OF NAME STREET ADDRESS ACTIVES TO S	CITY-ST-ZIP BOCA HATON FL 334	□ DE	ELETE	3.1 TITLE				
NAME POSLYN STREET ADDRESS	TITLE SD		li:	3.2 NAME				
STREET ADDRESS OF 6: NE 195 ST N MIAMI BCH FL 33179 DELETE 4.1 TITLE 4.2 NAME LEGGE, LOIS STREET ADDRESS OTV-ST-ZIP MIAMI FL 33156 DELETE 5.1 TITLE P NAME RUDOLPH, PEGGY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 6.1 TITLE 6.1 TITLE MIAMI FL 33161 DELETE 6.3 STREET ADDRESS			1	•	•			
N MIAMI BCH FL 33179 DELETE 4.1 TITLE 4.2 NAME LEGGE, LOIS 4.3 STREET ADDRESS 7345 SW 133 TERR 4.4 CITY-ST-ZIP Change Addition Additi	1. 27 77 75 75 77 77 77 77 77 77 77 77 77 77			1	•		57.05	[] Addition
TITLE PRUDOLPH, PEGGY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE DELETE DELETE DELETE DELETE	STREET ADDRESS 600 NE 190 01	, ,					☐ Change	- Madaga
TITLE PRUDOLPH, PEGGY STREET ADDRESS STREET ADDRESS TO STREET ADDRESS		ND.	ELETE	4.1 TITLE	-		a c 19,5310039	5H NI\$H [44]
NAME STREET ADDRESS T345 SW 133 TERR CITY-ST-ZIP NAME NAME STREET ADDRESS T345 SW 133 TERR 44 CITY-ST-ZIP CHANGE Addition Addition CHANGE Addition Addition CHANGE Addition Addition CHANGE	\ \(\frac{\sqrt{1}}{\sqrt{1}}\)		, .	4.2 NAME	المنافعة والمحال المنافعة والمحالية والمحالية والمحالية والمحالية والمحالية والمحالة والمحالة والمحالة والمحالة	<u> </u>		
STREET ADDRESS 7345 SW 133 TERM 44 CITY-ST-ZIP	LECCE LOIS					· 在 · · · · · · · · · · · · · · · · · ·	20 10 4 1 5	三: [4] [4]
MIAMI FL 33156 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP MIAMI FL 33161 DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	TODAY AND TODAY		.,	l l		1 11	(218), \$ 40 SHE!! 4	☐ Addifor
TITLE PRUDOLPH, PEGGY STREET ADDRESS STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP MIAMI FL 33161 DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP G. 1 NITLE 6.3 STREET ADDRESS		**					∐ Change	LJ AGORDI
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 TITLE TITLE NAME SO COMMENT OF THE STANDERSS STREET ADDRESS SA CITY-ST-ZIP DELETE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP MIAMI FL 33136		DELETE	5.1 TITLE	-			
NAME STREET ADDRESS 321 NE 112 ST CITY-ST-ZIP MIAMI FL 33161 DELETE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP CHange Additional Control Control 63 STREET ADDRESS 64 CITY-ST-ZIP 65 NAME 65 STREET ADDRESS 65 STREET ADDRESS 66 STREET ADDRESS	mie P			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 DELETE 62 NAME 63 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition 62 CAMBE 63 STREET ADDRESS	DUDOLDH PEGGY			53 STREET ADDRESS	·		• .	
CITY-ST-ZIP MIAMI FL 33161 TITLE CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP G1 CITY-ST-ZIP G2 NAME G3 STREET ADDRESS G3 STREET ADDRESS	004 NE 440 CT				1			1 Additio
TITLE 62 NAME 62 NAME 63 STREET ADDRESS	STREET ADDRESS 321 NE 112 31						Change	.
TITLE 62 NAME 62 NAME 63 STREET ADDRESS			DELETE	6.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MANE 610 CLE STORES 63 STREET ADDRESS	CITY-ST-ZIP MIAMI FL 33101	L-J		62 NAME				• •
	37 (1 V. J. C V. D V. D V. C V. D V. D V. D V. D V							
STREET ADDRESS 440 CT/OVD Florida Statutes, I further certify that the information	,TIME GO GO GO GO						•	
	TIME SUPERIOR SUPERIOR	15 17 ·		6.3 STREET ADDRESS				

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 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 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 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 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 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on the same legal effect as if made under oath; that I am an indicated on this 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 indicated on the same legal effect as if made under o