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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		Delete	NAME STREET ADDR					Change	Addition
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SIGNATURE, SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date			(n)	PRESIDE	27	C	1/28/08	(३०	5 235-	5098