12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

REQUIRED

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

2359 MONTANO STREET

DELTONA FL

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JANUARY 2001

5907 SANDYINE DRIVE

ORANGE: CITY FL: 32763-6584

904-775-1776

=700 ii

- m 11

: 12 ! !

100

= :-2:

==