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 changed; or on an attachment with an address, with all other like empowered. ROLLAN ATTRICCORPOLI (MREAS) SIGNATURE:

561-747-1673

## PACERS, INC

## AlfaChmen+

			#718961	APPITION
10	FITLE	)		$\checkmark$
	NAME	SCHUSTER, LISA	. <u></u>	
	STREET ADDRESS	6 GARDEN ST	APT 108 P	
	CTY, ST, 21P	TEQUESTA, FL	33469	
-	Υ΄. Τ) Τ L Ε΄	. <u> </u>		$\checkmark$
	NAME	HOUGH, RUTH		•
	STREET ADDRESS -	3 GARDEN ST. K	·-5°8	
<del>)</del> .	C 1+4, ST, 21 P	TEQUESTALFL	33469	
ž.	TITLE	∵		$\checkmark$
	NAME	KOTEFF, WALTE	R	,
	ADDRESS	363 SATURNIAVE		•
	CITY, ST, ZIP	TEQUESTA FL	33469	
	TITLE	D		V
	NAME	KRYNICKI, EMM	A	
	ADDRESS	122 MAPLE CR	EEK WAY	
	C1+4. 97, 21P	JUPITER, FL	33458	
	TITLE	D		<b>✓</b>
	NAME	MORRI, VINCEN		-
	ADDRESS	201 COLONY R	D.	
	CITY, STIZIP	JUPITER, FL	33469	
	•			