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 of 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 attackment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

VPD

2065

William

Naples,

Vonier

Imperial Circle

FL

TITLE

NAME

XX Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAPLES FL 34110

ROSENBLATT, BRUCE

1919 EMPRESS CRT

NAPLES FL 34110

34110-1036

Change

XX Addition