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.

STREET ADDRESS

CITY-ST-ZIP

7615 TALL TREE CT

PORT RICHEY FL 34668

STREET ADDRESS

CITY-ST-ZIP

PORT

1/24/01 727-846-1981

7439 LAKE FOREST CIRCLE

RICHEY

CR2E037 (10/00)

110

Change 12 Addition

TITLE

NAME

1)

GERKEN, RUDY

STREET ADDRESS

7612 LAUREL OAK CT

CITY - ST-ZIP.

PORT RICHEY, FL 34668