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13. 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 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 office 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 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTEGNAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Dat	er or director or Block 12 if	eath; that I am an officer or direc appears in Block 11 or Block 1	egal effect as if made under oath; that t la Statutes; and that my name appears	e the same leg er 607, Florida	nature shall have quired by Chapte	e and accurate and that my sig red to execute this report as red	It the information supplied with this aport or supplemental report is tru- or the receiver or trustee empower attachment with an address, with	 I hereby certify the indicated on this of the corporation changed, or on a