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64 CITY-ST-ZIP		
14. 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under officer or director of the corporation or the receiver or trustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my Block 13 if changec, or on an attact mention in address, with all other like empowered. SIGNATURE: Ula 7/92	r oath; that i i name appea	

SIGNAT JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

Date

Daytime Phone #