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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furthe 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; to of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name approximately or on an attachment with an address, with all other tike empowered. SIGNATURE:	have the hapter 6	accurate and that my sign execute this report as requ er like empowered.	eport is true and a e empowered to	rt or supplemental repo he receiver or trustee er	t on this report rporation or the I, or on an attac	indicated of the col changed