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 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 trusts of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a state of the corporation.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR DRIVED NAME OF SIGNING OFFICER OF DIRECTOR

1/10/00 (850)492-7178

Daytime Phone #