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CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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	S, LINDA D. V 40TH STR					82 Street Add	dress (P.O. Box Number is No	at Acceptab	le)	
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certify that the information 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 cath, that I am an officer or directly 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 12 or Block 13 (charged, or on an attaching it with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR.

Date:

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SIGNATURE;X