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I do hereby certily that the information supplied with this filing agos not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certil information indicated on this annual report of supplemental innual report is true and accurate and that my signature shall have the same legal effect as if ma I am an officer or director of the compatibility or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that	/ that the