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STREET ADDRESS						- <u>-</u>			ļ
CITY-ST-ZIP 14. hereby certify t	that the informatien supplied w	with this filing o	does not qualify fo		TY-ST-ZIP	Section 119.07(3)(i), Flor	ida Statutes. I further	certify that the i	information
indicated on this officer or directo Block 12 or Bloc	that the information supplied we s annual report or surplementator or of the constantion or the con- ck 13 if mininger or or an abar	tal annual repo cerver pr truste achment with	ort is true and accurate annowered to ear address, with a	urate and execute t	that my signatur his report as requ the empowered.	re shall have the same le uired by Chapter 607, Flo		under oath; that at my name app 502.22 Daytime Phone #	