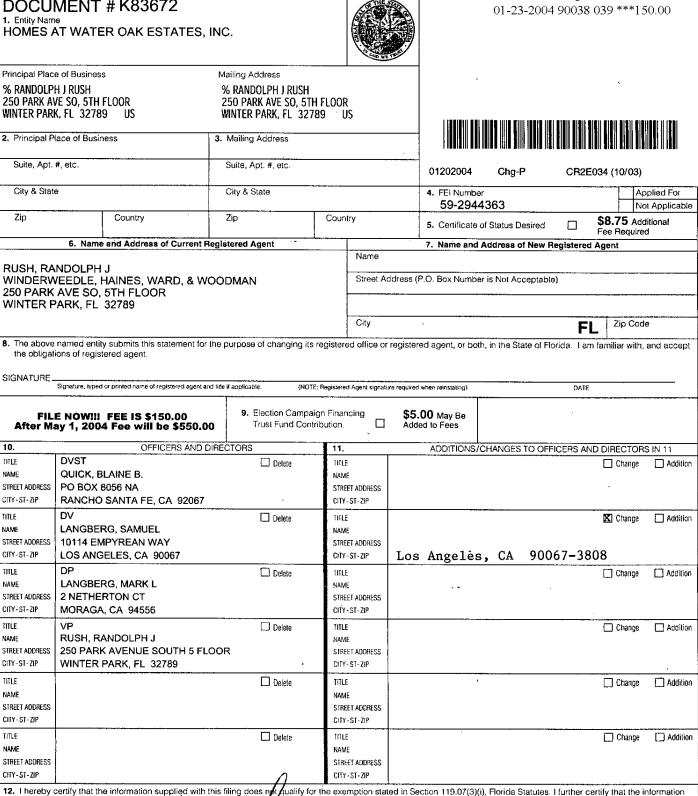
FILED Jan 23, 2004 8:00 am **Secretary of State**

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12. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate the corporation or the receiver or trusted empowered to execut changed, or on an attachment with an address, with all other like. fualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-423-4246

Daytime Phone #