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		ertify that the information supplied with t	his filing does not qualify for th		ection 119.07(3)(i), Florida Statutes. I fi	urther certify that the infor	mation	

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a jother like empowered.

[GNATURE: SIGNATURE: 1-15-03 492-499] SIGNATURE: