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 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Fiorital States: Fixed and course and that my signature shall have the same legal effect as if made und 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 und certify that the information indicated on this annual report or supplemental annual report of the execute this report as required by Chapter 607, Florida Statutes, and that my name affect as director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name affect as director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name affect as if made und the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name affect is director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name affect is directored by Chapter 607. 		SUITE 300 TAMPA FI Pursuant to or registere tamiliar will GNATURE 2. TLE ME IREFI ADDRESS TY - ST - 2IP TLE AME TREET ADDRESS ITY - ST - 2IP TLE ITLE	0 L 33602 o the provisions o dagent or both, n, and accept the Signature statement HOLDER, PA 16602 WIND LUTZ FL P HOLDER, KE 16602 WIND LUTZ FL	ULETTE M. SOR PARK DR	ion 607.0505. Lai trecitante at	Tionida Statute	B4 Lites, the above rized by the cores 13 1 1 LR 1 2 NAM 1 3 STRE 1 4 CHY 2 1 THL 2 2 NAM 2 3 STRE 2 4 CHY 3 1 TH 3 2 NAM 3 3 SHE 3 4 CHI 4 1 TH 4 2 STRE 4 4 CHI 5 2 TH 5 3 ST 5 4 CH 6 1 TH 6 2 N2	Crty Increase Crty Increase Crty Increase Crty Increase Crty Increase Crty	······	e purpose of appointment	L changing i t as rogiste	Is registered offic red agent. Lam CTORS IN 12 ge Addition nge Addition nge Addition