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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 indicated on this report or supplemental report is true and accurate and that my signature shall have the same le of the corporation or the receiver or truckee empowered to execute this report as required by Chapter 607, Florid changed, or on an attachment with modeless, with all other the empowered. SIGNATURE:	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	1//	11-5/	e information supplier with this filing of or supplemental eport is true and the receiver or true and empowered to act ment with an address, with all of				