14. I 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 under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

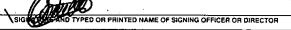
**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

**6.3 STREET ADDRESS** 

6 4 CITY-ST-ZIP



3/02/01

305 688-4118

Daytime Phone #