12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if With all othe changed, or on an attachn with an address like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

LARGO FL 33771

LARGO FL 33771

COUILLARD, LILIANE M

9900 ULMERTON ROAD EAST, #209

en

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

RIPOU

9900 Ulmerton Rd.

FL

argo FL

Sattem, Ralph

argo

33771

3377

■ Addition

CR2E037 (10/00)