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 repower 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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

PROMINEKANDALL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris, Hugh L

801 W LAS OLAS BLVD.

SHEPPARD, JANICE J

1440 ARGYLE DR.

FT LAUDERDALE FL 33312

FT LAUDERDALE FL 33312

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

312 SEMINOLE

FT. LAUDERDALE

CHUCK WILLARD 425 SW 14th AV

AUDERDALE

WENSON JAN. 21, 2002

33312

Addition

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 changed, or on an attackmen) with an address, with a property of the corporation of the cor

CITY-ST-ZIP

FT LAUDERDALE FL 33312

SIGNATURE: MANGALLE STEPHEN SON JAN 21, 2002 916-6487