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 attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

PCI 10800 EVANS ROAD #049905

POLK CITY FL 33868

STREET ADDRESS

CITY-ST-ZIP

TERRY FADDISTE DECURRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANURAY 7, 2000

N/A

Date

Daytime Phone #

CNPPPJT4 - 01 RUN DATE 03/16/2000 FLAIR - CENTRAL ACCOUNTING AS OF 03/16/2000

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

SITE 00 - DEPARTMENT OF STATE SITE 00 - DEPARTMENT OF STATE SWDN D0000538562 ADOCNO V009113 ACCOUNT CODE CF TC OBJECT
DEPARTMENT OF STATE DEPARTMENT OF STATE ADOCNO V009113 CODE
OF STATE OF STATE V009113 CF TC OBJECT
TC OBJECT
OBJECT

25

4990

61.25

AMOUNT

TRANSACTION CODE TOTAL

25

61.25

45

61.25

SITE

700000 - DEPARTMENT OF CORRECTIONS
R5 - CORRECTIONS TAMPA SERVICE CENTER
(813) 744-8555

ACCOUNT CODE BENEFITTING DATA

OBJECT

ENGLESS HAR L'7 2000

00/0/5

1530/0/0

N L

000105

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