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			Change Addition					
NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP	STREET ADDRESS	STREET ADDRESS						
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 direct 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	indicated on this report or supplemental report is true and accurate and that my s	ignature shall hav	ve the same legal effect as if made under oath; that I am an officer or director					
changed, or on an attachment with an address, with all other like empowered.	SIGNATURE: John Juliural JEffrey S. Thirdwall 3/31/05 (813) 272-3843							

CNPPPJT4 - 04 RUN DATE 04/13/2005 AS OF 04/13/2005 FLAIR - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE OLO 450000 - DEPARTMENT OF STATE SITE 00 - DEPARTMENT OF STATE

SWDN D5000555822 ADOCNO V004435

					BENEFITTING DATA		
ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE CF	TC	OBJECT
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TRANSACTION CODE TOTAL - 25

61.25

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SITE

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450000 - DEPARTMENT OF STATE

00 - DEPARTMENT OF STATE

(850)245-6550

CONVERSE CON