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12. I hereby certify that the indicated on this report of the corporation or the changed, or on an attac SIGNATURE:	information supplied wi or supplemental population	ith this filing does not qualify is true and accurate and tha nowered to accurate this accu-	y for the exemptions cont t my signature shall have ort as required by Chapter	tained in Chapter 119, Florida Statutes. I further certify that the inform the same legal effect as if made under oath; that I am an officer or dir r 607, Florida Statutes; and that my name appears in Block 10 or Block