11.

TITLE

TITLE

STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP 13. 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 truliee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if DLY R SHADLACH 4/5/62 SIGNATURE: NATURE AND ME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

NAME