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Information indicated on this annual report at annual most is true and accurate and that my signature shall have the same legal effect as if made under oath; t I am an officer or director of the corporation or the requirer or trustar empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	AATURE THOMAS S Strature topertor presenter CHIANESE, JAM 5499 N. FEDERA BOCA RATON FI BOCA RATON FI CHIANESE, JAM 5499 N. FEDERA BOCA RATON FI 1 ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS	COFFICERS AND DIFFECT	a; pi em2a (NOT ORS DELETE DELETE DELETE DELETE DELETE	 as, the above-named juffiorized by the corpord statutes Transformed Agefili signature 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 	ADDITIONS/CHANGES TO EVP Thumas Chianisc 21 SES Avenu Delray Diad Fi CHMN Lepn Solumm	FL 3 accept the appointment a 3-7-97 DATE OFFICERS AND DIRECTO Change 2 374/73 Change Change Change Change	3 4 7 3 its registered s registered DRS IN 12 Addition Addition Addition Addition Addition