4.3 STREET ADDRESS

5,3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY-ST-ZIP

Change

___ Addition

Change Addition

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the s n officer or director of the corporation or the receiver or trustee empowered to

DELETE

oelete

SIGNATURE:

NAME

NAME

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIF TITLE

STREET ADDRESS

STREET ADDRESS

==____

J-18-98

To whom It may Covern:

We had a charge of

abdress and never;

seceived the 1-transmal

refice Please note

The new address O

Trust we will not be

penalized with the late

fee since this was not

Therefore

Desident

Desident

Dele Master, One.