11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered. HOPENGARTEN DANIEL, President 04/17/02 561-392-5166

STREET ADDRESS