BALA CYNWYD PA 19004 13. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

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NAME

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STREET ADDRESS

CITY-ST-ZIP

MALONEY, ROBERT

PERRY, ROY C

VAS

BALA CYNYSD PA 19004

BALA CYNWYD PA 19004

PASQUARELLA, ARTHUR P

GSB BLDG STE 401 ONE BLEMONT AVE

GSB BLDG STE 401 ONE BELMONT AVE

GSB BLDG STE 401 ONE BELMONT AVE

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changed, or on an attachment with an address, with all other like empowered.

Boca/Consults, Inc. By:

1/24/00

610-668-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Howard, Chairman of the Board

☐ Delete

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Change

Applied For

\$5.00 May Be

☐ Addition

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Added to Fees

Not Applicable