6.4 CITY-ST-ZIP 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), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address.

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5,2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIF TITLE

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

NAME

TITLE

NAR:

TRE REQUIRED

DELETE

DELETE

DELETE

8-29-98

Change

Change

Addition Addition

Addition

Addition

(2/68)CR2E034