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SIGNATURE: \_\_\_\_\_\_\_

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 it almest 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 12 or Block 13 if changed, or given a kapotiment with an address, with all other like empowered.

GNATURE:

| Substitute And Types or Francisco | Date | Date

3/1/95 904-288-8816 Destine Prone 8

CR2E034 (11/98)

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DIVISION of Corporations
PO Box 6327
Tolohacson PL 32314 7/20/19.
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Down Ms STITT Thank you ten finnmoing The Corpsnotion forms.
to be completed in 1999. As we Told you our
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If you have my questions on This letter

please call our recountant it Do Mattin

904-258-8816.

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