FLORIDA GENERAL DURABLE POWER OF ATTORNEY

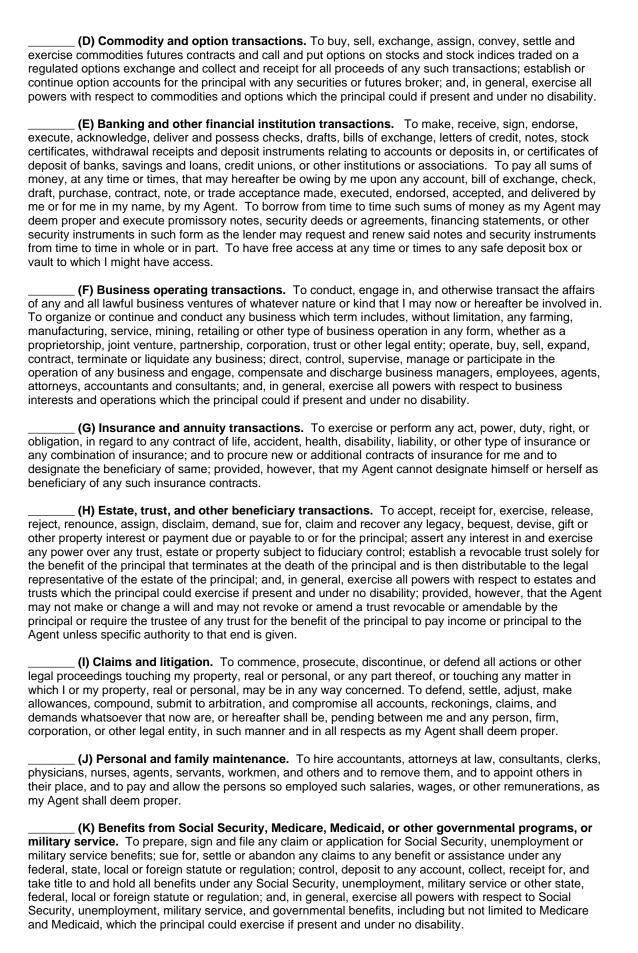
THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT

This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in §709.08, Florida Statutes.

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I				
[insert your name and address] appoint				
[insert the name and address of the person				
appointed] as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:				
TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.				
TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.				
TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.				
Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.				
INITIAL				
(A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Florida, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.				
(B) Tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Florida or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.				
(C) Stock and bond transactions. To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.				







(L) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type
of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit
sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred
compensation plan and any other type of employee benefit plan); select and change payment options for the
principal under any retirement plan; make rollover contributions from any retirement plan to other retirement
plans or individual retirement accounts; exercise all investment powers available under any type of self-
directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement
plan account balances which the principal could if present and under no disability.
(M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security,
unemployment insurance, and informational returns required by the laws of the United States, or of any state
or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and
instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess
or illegal taxation or against penalties imposed for claimed violation of any law or other governmental
regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or
assessments for which I am or may be liable.
(N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF
YOU INITIAL LINE (N).
SPECIAL INSTRUCTIONS:
ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE
POWERS GRANTED TO YOUR AGENT.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRICKEN.)

Authority to Delegate. My Agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.



(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)
Successor Agent . If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:
Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF FLORIDA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.
I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.
This durable power of attorney is not terminated by subsequent incapacity of the principal except as provided in chapter 709, Florida Statutes. All of the powers and provisions of said Statute shall be in addition to the powers and provisions thereof and not in limitation thereof.
I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.
Signed this day of, 20
[Your Signature]
STATEMENT OF WITNESS
On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.
[Signature of Witness #1] [Printed or typed name of Witness #1] [Address of Witness #1, Line 1] [Address of Witness #1, Line 2]
[Signature of Witness #2] [Printed or typed name of Witness #2] [Address of Witness #2, Line 1] [Address of Witness #2, Line 2]
A Note About Selecting Witnesses: The agent (attorney-in-fact) may not also serve as a witness. Each witness must be present at the time that principal signs the Power of Attorney in front of the notary. Each witness must be a mentally competent adult. Witnesses should

ideally reside close by, so that they will be easily accessible in the event they are one day



needed to affirm this document's validity.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF FLORIDA COUNTY OF	
Sworn to (or affirmed) and subscribed before me [year] by [choose one:] personally known to me, or	e thisday of [month], [name of principal]. The affiant is produced the following identification:
[Notary Seal, if any]:	
	(Signature of Notarial Officer)
	Notary Public for the State of Florida
	My commission expires:
[Typed or Printed Name of Agent]	
[Signature of Agent]	
PREPARATIO	ON STATEMENT
This document was prepared by the following individu	ual:
[Typed or Printed Name]	
[Signature]	



AFFIDAVIT OF AGENT (ATTORNEY IN FACT)

STATE OF FLORIDA COUNTY OF
Before me, the undersigned authority, personally appeared (attorney in fact), ("Affiant"), who swore or affirmed that:
1. Affiant is the attorney in fact named in the Florida General Durable Power of Attorney executed by (principal) ("Principal") on (date).
2. This Florida General Durable Power of Attorney is currently exercisable by Affiant. The principal is domiciled in (insert name of state, territory, or foreign country).
3. To the best of the Affiant's knowledge after diligent search and inquiry:
a. The Principal is not deceased; and
b. There has been no revocation, partial or complete termination by adjudication of incapacity or by the occurrence of an event referenced in the durable power of attorney, or suspension by initiation of proceedings to determine incapacity or to appoint a guardian.
4. Affiant agrees not to exercise any powers granted by the Florida General Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.
[Signature of Affiant]

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CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

Sworn to (or affirmed) an	d subscribed before me this _		
[year] by		[name of agent]	. The affiant is
[choose one:] perso	onally known to me, or pr	oduced the following	identification:
[Notary Seal, if any]:			
(Signature of Notarial Officer)			
Notary Public for the State of Florida			
	My commission expires:		_

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