

910198-T

ORIGINAL
FILE COPY

- ACK _____
- AFA _____
- APP _____
- CAP _____
- CMU _____
- CTR _____
- EAG _____
- ILEG _____
- ILIN _____
- OPC _____
- FRCH _____
- SSEC 1 _____
- WAS _____
- OTH _____

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 CARD*TEL, INC.
 ATTN: CUY R. WILLIAMS
 1500 NW 49th AVENUE, SUITE# 600
 FT. LAUDERDALE, FL 33309-3799

4. Article Number
 78788

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee sent and DATE DELIVERED.

5. Signature - Addressee
 X _____

6. Signature - Agent
 X _____

7. Date of Delivery
 5-9-91

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-012

DOCUMENT NUMBER-DATE
 04679 MAY 13 1991
 PSC-RECORDS/REPORTING