

ORIGINAL
FILE COPY

910221-TC

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 boxes for additional services requested.

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

3. Article Addressed to:
The Press Box Restaurant, Inc.
Attn: William W. Freel
222 South Dale Mabry Highway
Tampa, FL. 33609-2817

4. Article Number
78837

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *W. W. Freel*

7. Date of Delivery
5-16-91

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

PS Form 3811, Apr. 1989 G.P.O. 1989-230-015

DOMESTIC RETURN RECEIPT

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
05016 MAY 20 1991
PSC-RECORDS/REPORTING