

AFA  
APP  
CAF  
CMU  
CTR  
EAG  
LEG  
MAS  
OPC  
RRR  
SEC  
WAW  
OTH

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ Print your name and address on the reverse of this form so that we can return this card to you.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 981978-TX

4a. Article Number 99-0021

Business Technology Systems, Inc.  
 Kenneth Jacobi  
 4100 North Powerline Road, # P-6  
 Pompano Beach FL 33073

Certified  
 Insured  
 COD  
 (Only if requested)

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994

Domestic Return Receipt

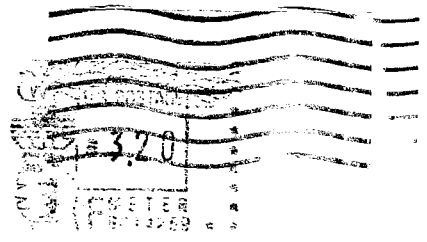
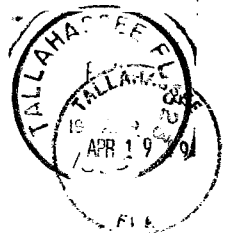
Thank you for using Return Receipt Service.

ORIGINAL

0740

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



Moved, left no address  
 No such number  
 Moved to another address  
 Addressee unknown

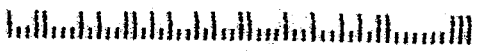
Business Technology Systems, Inc.  
 Kenneth Jacobi  
 4100 North Powerline Road, # P-6  
 Pompano Beach FL 33073

MCNA

CERTIFIED MAIL  
 Return Receipt Requested  
 No. 99-21

RETURN RECEIPT REQUESTED

33073 32399/0850



FPSC-RECORDS/RFPDPTIUN  
 DOCUMENT NUMBER-DATE  
 05021 APR 26 99