

1. Name of company or name of individual (not fictitious name or d/b/a):

LARRY PERRUZZA

2. Name under which applicant will do business (fictitious name, etc.):

N/A

CKO 701
\$100.00
MC

3. Official mailing address:

Street: 17091 SE 65 STREET

P.O. Box: N/A

City: MORRISTON

State: FLORIDA Zip: 32668

4. Florida address:

Street: - SAME AS ABOVE -

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

DEPOSIT

D 0 7 4

DATE

MAY 29 2001

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: N/A

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LES _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTW _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc