

ORIGINAL

020216 TC

1. Name of company or name of individual (not fictitious name or d/b/a):
Surf Bar + Cocktail Lounge Inc.

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

CK 1700
\$ 100.00
MR

3. Official mailing address:
Street: 181 N. Causeway
P.O. Box: _____
City: New Smyrna Bch.
State: Florida Zip: 32169

4. Florida address:
Street: Same
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
() General Partnership
() Limited Partnership
() Other: _____

DEPOSIT DATE
D 2 0 2 APR 0 5 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: L45542

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
DTH _____

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

DOCUMENT NUMBER-DATE
03844 APR-48
FPSC-COMMISSION CLERK