ORIGINAL (K9/33

020539

O	afari, Inc.		
Name under which applicant will d	lo business (fictitious n	ame, etc.):	<u>.</u>
Official mailing address:		-	
Street: 2003 Lion (o	untry Sa	fari 1	ld.
P.O. Box:	\bigcirc		
City: <u>Loxahatchee</u>			
State: FL	Zip:	33470	
Florida address:			
Street: NOS Lion (centry Saf	ari Ro	Λ
P.O. Box:	V		
city: hoxabatches			
State: FL	Zip:	3470	
Structure of organization:	מ	EPOSIT	DATE
() Individual			JUN 2 0 200
(Corporation	_		
() General Partnership			
() Limited Partnership			
() Other:			
f incorporated in Florida, provide p	proof of authority to op	erate in Flori	ida:
Florida Secretary of State Corporate Registration Nu	mber: 30856		

AUS CAF CMP COM CTR

ECR GCL OPC MMS SEC OTH

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

DOCUMENT NUMBER-DATE