		020619-TORIG	IN
1.	Name of company or name of individual (no JORGE E. ZAPATA	t fictitious name or $d/b/a$). C^{\prime}	5 / 0 #,
2.	Name under which applicant will do busines	s (fictitious name, etc.):	
3.	Official mailing address:		
	Street: 3215 BRETTON WOOD	3 TERRACE	4
	P.O. Box:		
	City: DELTONA	·····	
	State: FLORIDA	Zip: <u>32725</u> DATE	p
4.	Florida address:	D227 🗶 JUN 28200	
	Street: SAME AS ABOVE		
	P.O. Box:	· · · · · · · · · · · · · · · · · · ·	
	City:		
	State:	Zip:	
5.	Structure of organization:		
	🖂 Individual	Check received with filing and	
	() Corporation	Fiscal to forward a copy of about	
	() General Partnership	to RAR with proof of deposit. Initias of person who forwarded check:	
	() Limited Partnership	JASYVI	
	() Other:		
с Н	If incorporated in Florida, provide proof of authority to operate in Florida:		
	Florida Secretary of State Corporate Registration Number:		
		15:6 MA 82 NUL 20	
Requir	2SC/CMU-32 (02/99) Eed by Commission Rule Nos. 25-24.510 & 25-24.511	DISTRIBUTION CENTER	
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