ORIGINAL

1.	This	is an application for (Check One):			[KJ/O
	(x)	Original Certificate		107111	#/00.
	()	Approval of Transfer of Existing C	ertificate	0/19-	" '
		Example: a non-certificated compared and desires to retain the original of			CK with Florida C
	()	Approval of Assignment of Existin	signment of Existing Certificate		CK with
		Example: a certificated company produced desires to retain the certificate of a			Florida C
	()) Approval of transfer of control			
		Example: a company purchases Commission must approve the ne	w controlling ontity	company. The DEPOSIT	DATE
2.		Name of company or name of individ	_	-	JUL 17 2002
		Florida College, Inc.	·	·	
4.		Official mailing address (including stre Zip code):	eet name & number, P	ost Office Box, C	City, State, and
		119 N. Glen Arven Avenue			
		Temple Terrace, Florida 33617	7		
		CMU-37 (07/97) y Commission Rule Nos. 25-24.565,			
25-24	1.569,	and 25-24.567	2	DOCUMENT NU	MRER-DATE
				07445	

FPSC-COMMISSION CLERK