

1. Name of company or name of individual (not fictitious name or d/b/a): 021016-TC
De Bonis Enterprises Inc

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

CK 1143
\$100.00

3. Official mailing address:
Street: 6 Babcock St. SE Suite 20

MC

P.O. Box: _____

City: Palm Bay

State: FL Zip: 32909

4. Florida address:

Street: 1864 Jacobia St. NW

P.O. Box: _____

City: Palm Bay

State: FL Zip: 32907

5. Structure of organization:

DEPOSIT

DATE

() Individual

D2602

OCT 30 2002

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

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

Florida Secretary of State

Corporate Registration Number: P02000099863

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

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

02 OCT - 3 AM 10:44

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

[Handwritten signature]

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