ORIGINAL

030783-7C (K, 10623 #100.00 or d/b/a): MC

1.	Name of company or name of individual (not fictitious name or d/b/a):			
2.	Name under which applicant will do busines	s (fictitiou	s name, etc.):	
3.	Official mailing address:		רבאס	2 PH 3:5
	Street:			3 8
	City: <u>Lewisville</u>			
	State: Texas	Zip:	75029-	3445
4.	Florida address:			
	Street: 6595 N. West 5	treet		
	P.O. Box:			
	city: Pensacola			
	State: Fhorida	Zip:	32506	
5.	Structure of organization:		DEPOSI*	DATE
	(X) Individual		D 375	AUG 1 3 2003
	() Corporation			
	() General Partnership			
	() Limited Partnership			
	() Other:			
AUS6.	If incorporated in Florida, provide proof of	authority	to operate in	Florida:
CMP COM CTR ECR	Florida Secretary of State Corporate Registration Number:			
GOL OPC IVMS				
Requi	PSC/CMU-32 (02/99) red by Commission Rule Nos. 25-24.510 & 25-24.511 Name: cmu-32.doc		DOCUMENT	NUMBER-DATE

DOCUMENT NUMBER-DATE 07402 AUG 128