•		ORIGINAL	463 MAY - 4 2004	CK# 14/1	
	1.	Name of company or name of individual (not f	040389-7C ictitious name or d/b/a).) CK \$ /	$\infty.$
	2.	Name under which applicant will do business	(fictitious name, etc.):		101
	3.	Official mailing address: Street: <u>12905 LAKE VEN</u>	ITANA DRESS	HECEIVED-FIPSC	
		P.O. Box: City: <i>TAMpA</i>	RX OV	DFTPSC PH 2:21	
		State: FL	_Zip: <u>33625</u>		
	4.	Florida address: Street: <u>SAME ABoVE</u> P.O. Box:			
		City:			
		State:	Zip:		
	5.	Structure of organization: () Individual (X) Corporation			· .
CMP		() General Partnership			
COM _ CTR _		() Limited Partnership			
ECR _		() Other: If incorporated in Florida, provide proof of a		da:	
OPC _ MMS _		Florida Secretary of State Corporate Registration Number: <u>PC</u>		_	
_	Form Requi	2SC/CMU-32 (02/99) Fed by Commission Rule Nos. 25-24.510 & 25-24.511 Name: cmu-32.doc	DOCUMENT	NUMBER-DAT	- Ľ
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