

ORIGINAL

DEPOSIT DATE
510 DEC - 7 2004

CHK # 1454
CHK \$ 100.00
12-6-04
RT

1. Name of company or name of individual (not fictitious name or d/b/a):
MAHMOUD EL-Kaman

2. Name under which applicant will do business (fictitious name, etc.):
MAHMOUD EL-Kaman

041372

3. Official mailing address:
Street: 21- B MOORE RD
P.O. Box: _____
City: Haines City
State: Florida Zip: 33844

4. Florida address:
Street: SAME
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: N/A

Form FSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
12914 DEC-7 8
FPSC-COMMISSION CLERK