

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC 1
 WAS _____
 OTH _____

Thank you for using Return Receipt Service.

Is Your Return Registered? No Yes

6. Signature (Agent) *[Signature]*

PS Form 3811, December 1991 U.S. GPO: 1993-303-714

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 96 1170 4a. Article Number 96-

S. Cohen Associates, Inc.
 1 Gate Lake Road
 Sarasota FL 33319-2529

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Insured

4. COD

5. Return Receipt for Merchandise

Delivery 12-7-96

6. Addressee's Address (Only if requested is paid)

DOCUMENT NUMBER-DATE
13170 DEC 11 96
 FPSC-RECORDS/REPORTING