		551 APR 0 428 3-	. 00 . 21-05
	1.	Name of company or name of individual (not fictitious name or d/b/a):	R-
	2.	Name under which applicant will do business (fictitious name, etc.):	
	3.	Official mailing address: Street: <u>4445</u> W 16 H Ave #605 P.O. Box: City: <u>Haleah</u>	
	4.	State: <u>FU</u> Zip: <u>33012</u> Florida address: Street: <u>Same as above</u>	
		P.O. Box:City:	
	5.	Structure of organization: () Individual	
CMP COM CTR ECR GCL OPC MMS RCA SCR	- - - -	 () General Partnership () Limited Partnership () Other:	
	- 	esc/CMU-32 (02/99) red by Commission Rule Nos. 25-24,510 & 25-24,511 Name: cmu-32.doc 75 8 11 16 11 16 20 2	
		UBLEED CONCEPTIONER DATE	

FPSC-COMMISSION OF FRK