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CK# 7554 CM# 100;

FPSC-COMMISSION CLERK

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	<b>1.</b>	Name of company or name of individual (not fictitious name or d/b/ORIG	NAL	PT
	2.	Name under which applicant will do business (fictitious name, etc.):		
	3.	Official mailing address:		
		Street: 477/ WICKERWOOD DR.		
		P.O. Box:		
		City: <u>St. Louis</u>		
		State:	_	
	4.	Florida address:		
		Street: 1200 S. PINE ISLAND RD		
		P.O. Box:		
		City: PLANTATION	<del></del> -	•
		State: FL Zip: 33324		•
		Otate.		
	5.	Structure of organization:		
		( ) Individual		
		(X) Corporation		
		( ) General Partnership		
		( ) Limited Partnership		<u>-</u>
CMP		( ) Other:		<u>-'</u>
COM		If incorporated in Florida, provide proof of authority to operate in Florida:		
CTR		Florido Constant of State		
ECR		Florida Secretary of State Corporate Registration Number: <u>F05 00000 5332</u>		
GCL				-
OPC			•	
RCA	Form	PSC/CMU-32 (02/99)		
SCR		ired by Commission Rule Nos. 25-24.510 & 25-24.511  Name: cmu-32.doc	2	÷
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