Name under which appli	icant will do business 1////ESTUR	(fictitious name, etc.):	CKI
Official mailing address	:		\$ /0
Street: <u>23035</u>	SUNFIELD	DRIVE	7
City: Sech A	CATON	·····	
State:	:4	_Zip: <u>33433</u> .	
Florida address:			
Street: AS	Above "3	ч	
City:			
State:	······································	Zip:	
Structure of organization	n:	DEPOSIT	
() Individual			DATE DEC 0 7 2001
(X) Corporation			
() General Partr	nership		
() Limited Partr	nership		
() Other:			
If incorporated in Florid	a, provide proof of au	thority to operate in Floric	la:
Florida Secreta	ry of State stration Number:/	P9900004:	

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