Name of company or name of individual (n	ot fictitious name or	d/b/a): #
Name of company or name of individual (n <u>ROSE MANOK</u>	ALF INC	
Name under which applicant will do busine	ss (fictitious name, e	tc.):
Official mailing address:		
Street: 840 5 W 84	STOLDET	
P.O. Box:		·····
City: Pompano Bener		
State:		0
The data and decision	DEPOSIT	DATE
Florida address: Street:	D226 🙇	JUN 25 20
	<u></u>	
P.O. Box:		
City:		······································
State:	Zip:	
Structure of organization:		
() Individual		
(K) Corporation		
() General Partnership		
() Limited Partnership		
( ) Other:		· · · · · · · · · · · · · · · · · · ·
If incorporated in Florida, provide proof	of authority to operate	e in Florida:
Florida Secretary of State Corporate Registration Number:	P 000000 20	0493

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

DOCUMENT NUMPER-DATE

2

FPSC-COMMISSION CLERK

06514 JUN 258