

MICROFILMING INFORMATION SHEET

TO: LASON
4920 West Cypress Street, Suite 108
Tampa Fl 34228

FROM: Town of Longboat Key
Town Clerk Department
501 Bay Isles Road
Longboat Key Fl 34228

DATE: 06-08-01

SUBJECT: Microfilming

Please index the attached collection of records utilizing the following language and placing this language in the upper right hand corner of each image:

7094 Longboat Drive E.

The database should include the following three fields:

VAR 802

Roll # 27

Image # 6

This collection of records should be placed on the following film type:

 16 mm

35 mm

Total number of pages in this collection: _____

If there are questions regarding the collection of records that are to be microfilmed please contact Jo Ann Dunay-Mixon, Deputy Clerk Records, at 941-316-1999.

PETITION FOR VARIANCE

Date Filed 10-21-88 Receipt # (\$250.00) 925371 Petition No. 22-88

THE APPLICANT IS REQUIRED TO SUBMIT THE ORIGINAL PLUS TEN (10) SETS OF THIS APPLICATION, SUPPORTING PLANS, AND DOCUMENTS.

(I) (We) Ray Coleman of 7094 Longboat Dr. E.
(Name) (Mailing Address)

request a Variance from Section(s) 158, 155, Paragraph(s) 4 of the Town of Longboat Key Zoning Ordinance to Allow Dock to exceed the max. 30 feet to
(brief description - for example, to reduce side 71 FEET
yard from 20 feet to 15 feet)

Subject property is located at 7094 Longboat Dr. E.
(Street Number Location)

The legal description is as follows: Lot 5 & part of 4
(Lot(s))
21 Longbeach
(Block) (Subdivision or Plat)

or _____
(if otherwise legally described)

Following are the names and addresses of all owners of property within a distance of (300) (1000) feet from the outside edges of the property involved in this Petition:

Name	Address
<u>See attached sheet</u>	_____
_____	_____
_____	_____
_____	_____

(Attach extra sheet, if necessary)

(I) (We) believe that the Zoning Board of Adjustment should grant this Variance pursuant to Section 158.029 of the Town Code because all of the following criteria are factually supported in this petition.

- (1) Special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same zoning district.
- (2) The special conditions and circumstances do not result from the actions of the applicant.
- (3) Granting the variance requested will not confer on the applicant any special privilege that is denied by Chapter 158 to other lands, buildings, or structures in the same zoning district.
- (4) Literal interpretation of the provisions of Chapter 158 would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of Chapter 158 and would work unnecessary and undue hardship on the applicant.
- (5) The variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.
- (6) The grant of the variance will be in harmony with the general intent and purpose of Chapter 158, and the variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

STATE SEPARATELY HOW EACH OF THE ABOVE SIX CRITERIA ARE FACTUALLY PRESENT IN YOUR VARIANCE REQUEST:

(1) Land is eroded which puts mean high water line westward of adjoining bulkheads.

(2) Condition was caused by erosion.

(3) Docks on both sides of me are equal to my request.

(4) Same as (3).

(5) Variance is necessary to obtain deep water.

(6) Granting the variance will allow me the same privilege as my neighbors.

(Attach extra sheet, if necessary)

(I) (We) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. (I) (We) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

[Handwritten Signature]
(Signature of Owner)

The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf.)

Mailing address you wish information sent to and telephone number:

383-6994

The contents of this Petition are sworn and subscribed before me this ___ day of ___ 19__.

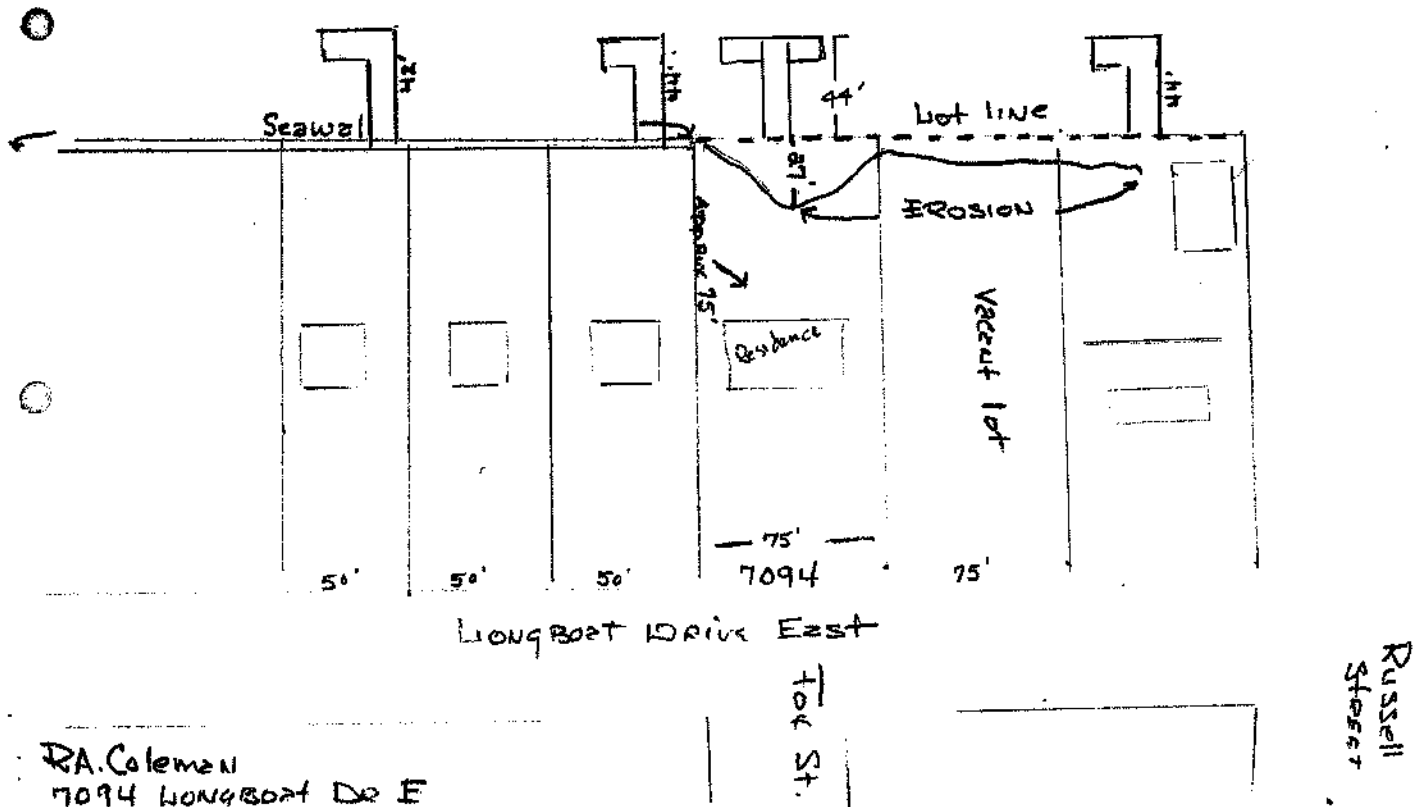
Notary Public

PROJECT *7094 Longboat Drive East*

ITEM	DATE	INDEX PAGE	COMMENTS
Application Submitted	10-21-88		
Fee \$ <i>250.00</i> Receipt # 925371	10-21		
Town Attorney Cover letter sent	10-21		
Response	11-4-88		
Minutes of meeting to set a date	10-18		
Zoning Board of Adjustment Schedule Meeting to set date	10-18		
Date to Publish	10-31		
Public hearing date	11-15		
Staff Review	10-21		
Notice	10-26		
Letter to Sarasota Herald Tribune	10-26		
Proof of Publication in S.H. Tribune	11-4-88		
Sent to Applicant: Cover letter Agenda Minutes of meeting to set date Notice Staff Review	<i>applicant picked up</i> 10-26		
Sent to Zoning Board Members Cover letter Agenda Application & supporting documents Staff Review Minutes of meeting to set date	11-11		
Minutes of the Public Hearing	11-28		
Copy to applicant with cover letter	11-29-88		
Notification Certificates	11-15-88		

JEMIFISH KEY

7094 Longboat Drive East



RA. Coleman
7094 LONGBOAT DR E

709 St.

Russell
Street

BIK 21 1 THRU 10 77727 - 77987 DECEUT
 BIK 19 2-3-22-23-24-25-26-27 77984
 BIK 18 23-24-25-26-27-28-2-3-4 77932
 BIK 2 1-2-3-4-5-6- 1/2 OF 748 77670

BIK 21

THOMAS PIERCE
 P.O. Box 6147
 Longboat Key 34228

P. Willenborg Lot 901
 5350 Gulf of Mexico D.
 Longboat Key 34228

ROBT HARDAWAY Lot 3
 3419 BEACH DR
 TAMPA FL 33609

WILLIAM G PETLOWAY Lot 6
 3651 KIEKEBUSCH CT
 CARMICHAEL, CA 95608

RUBY McDONALD Lot 7
 Box 11
 Longboat Key 34228

HAROLD CHRISTENSEN Lot 8
 7120 Longboat Dr G
 Longboat Key 34228

BIK 19

JOHN BERGSTRÖM Lot
773 LAUDS END DR 2
Longboat Key 33428

JEAN BRÖDA Lot 3
2071 GULF OF MEXICO
Longboat Key 34228

MARY WICKERSHAM Lot 22
731 FOX ST
Longboat Key 34228

MARIE JACKSON/MARY PHILLIPS (Lot)
741 FOX ST
Longboat Key 33428

MICHAEL REDDEN (Lot 24)
P.O. Box 6149
Longboat Key 34228

AMY GRESSLOR Lot 25
761 FOX ST. PO Box 8265
Longboat Key 34228

NANCY STAFFORD (Lot 26)
771 FOX ST
Longboat Key 34228

MICHAEL O'CONNOR Lot 27
6508 HERITAGE LN
BRADENTON FL 34209

BIK 18

RUSSELL CHINNIS Lot 1
PO Box 652
Longboat Key Fl 34228

CINRAK HAGER Lot 2
P.O. Box 311
Longboat Key 34228

ROBERT ATKINS Lot 3
5670 CYPRESS GRADUOUS BLVD
WINTER HAVEN, FL 33880

LULU HÄBECKER Lot 4
P.O. Box 268
Longboat Key 34228

WILLIAM BECHKE Lot 23424
P.O. Box 6154
Longboat Key 34228

JAMES PERLIVE Lot 25
P.O. Box 65
Longboat Key Fl 34228

Michael Burgess Lots 26, 27
784 Lyons Lane
Longboat Key 34228

Tempotech Industries Inc Lots 1-2-3-4
7031 Bayside Dr
Longboat Key 34228

Ralph Dewick Lot 5
770 Russell
Longboat Key 34228

Reinhold Joest Lot 6
750 Russell
Longboat Key 34228

Rose Butler/Helen Pierce Lot 7-8
P.O. Box 246
Longboat Key Fl 34228

November 1, 1988
Per Ord. 88-01

CHRISTIANSEN, DEHNER & WATTS, P.A.

700 SARASOTA QUINCY
SARASOTA, FLORIDA 34236TELEPHONE
(813) 997-0953SCOTT R. CHRISTIANSEN
H. LEO DEWITT
DANA J. WATTS

November 4, 1988

Mr. H. L. Lovett
Special Services Representative
Town of Longboat Key
501 Bay Isles Road
Longboat Key, FL 34228

RE: Request for Variance - Ray Coleman

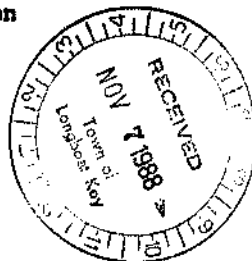
Dear Herb:

I have reviewed the petition submitted to the Zoning Board of Adjustment by Ray Coleman for a variance from the length of a dock as set forth in Section 158.155 of the Code. Mr. Coleman is requesting a 41 foot variance from the requirements of this section. I find that the Board of Adjustments does have jurisdiction to grant the requested variance. As always, the criteria set forth in Section 158.029 of the Code of Ordinances should be considered by the Board in order to determine whether a hardship exists. The Board should make specific findings of fact as to each of the criteria as set forth in Section (A) of Section 158.029 and these findings of fact should be incorporated in the minutes of the meeting.

Very truly yours,


 Scott R. Christiansen

SRC/dht



STAFF REVIEW

ZONING BOARD OF ADJUSTMENT
PETITION #22-88

Applicant: Ray Coleman
Address: 7094 Longboat Drive East
Zoning District: R-6SF
Request: Variance to allow a 71 foot dock (30' allowed)
as per plans stamped received by the Town on 10-21-88.

Applicant wants to install a boat dock in order to reach deep water; the dock will be 71 feet from the Mean High Water Line. The docks on either side of applicant's property extend from 42 feet to 44 feet from the seawalls. Due to erosion, the Mean High Water Line is some 27 feet landward of the existing seawalls. Staff would recommend approval subject to Town Attorney's Opinion and the criteria listed in Section 158.029.

HLL:cmm
10/21/88

7004 Longboat Drive East

P-629 760 931

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Reinhold Joest**
Street and No.: **450 Russell**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90

Return Receipt showing to whom, Date, and Address of Delivery: 2

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 930

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Rose Buzant & Helen Plesse**
Street and No.: **P.O. Box 244**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90

Return Receipt showing to whom, Date, and Address of Delivery: 2

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 939

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Clark Hager**
Street and No.: **P.O. Box 311**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90

Return Receipt showing to whom, Date, and Address of Delivery: 2

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 944

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Marie Jackson & Mary Phillips**
Street and No.: **441 Fox St**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90

Return Receipt showing to whom, Date, and Address of Delivery: 2

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 937

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Lulu Habesche**
Street and No.: **P.O. Box 260**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90

Return Receipt showing to whom, Date, and Address of Delivery: 2

TOTAL Postage and Fees: 20

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 947

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-906

Sent to: **Joan Bergstrom**
Street and No.: **475 Lords End Dr**
P.O., State and ZIP Code: **Longboat Key, FL 34220**

Postage: 25
Certified Fee: 85

Special Delivery Fee: _____
Restricted Delivery Fee: _____

Return Receipt showing to whom and Date Delivered: 90


Return Receipt showing to whom, Date, and Address of Delivery: 2

Postmark of Date: **OCT 31 1988**

PS Form 3800, June 1985

P-629 760 740


RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Russell Chinis
Street and No.	P.O. Box 652
P.O. State and ZIP Code	Longboat Key, FL 34228
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 955

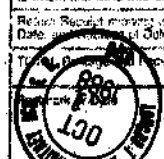
RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Robcos Middleton
Street and No.	791 Russell St. 261
P.O. State and ZIP Code	Longboat Key, FL 34228
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 952

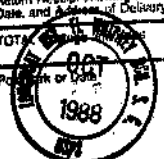
RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	P. Wallenberg
Street and No.	5350 Gulf of Mexico Dr.
P.O. State and ZIP Code	Longboat Key, FL 34228
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 953

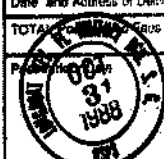
RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Thomas Pierce
Street and No.	P.O. Box 6147
P.O. State and ZIP Code	Longboat Key, FL 34228
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 958

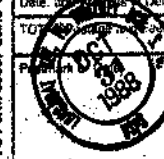
RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Robert Atkins
Street and No.	5670 Cypress Garden
P.O. State and ZIP Code	Calister Haven, FL 32120
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 957

RECEIPT FOR CERTIFIED MAIL
NO REFUND FOR UNDELIVERED MAIL
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Robert Hardaway
Street and No.	3419 Beach Drive
P.O. State and ZIP Code	Lampa, FL 33609
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL POSTAGE AND FEES	\$ 2.00
Postmark or Date	

U.S.G.P.O. 163-906 PS Form 3800, June 1985

P-629 760 945

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	Mary Wickersham
Street and No.	151 Fox Street
P.O., State and ZIP Code	Longboat Key, Florida
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 954

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	Michael O'Connor
Street and No.	6509 Heritage Lane
P.O., State and ZIP Code	Branford, Florida
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 932

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	Ralph Dewick
Street and No.	770 Russell
P.O., State and ZIP Code	Longboat Key, FL
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 933

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	Tempatech Industrial
Street and No.	7031 Riverside Dr
P.O., State and ZIP Code	Longboat Key, Florida
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 941

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	Wasey Stafford
Street and No.	171 E. St
P.O., State and ZIP Code	Longboat Key, Florida
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 935

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NET FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-500
PS Form 3800, June 1985

Sent to	James Perline
Street and No.	703 Riverside Dr
P.O., State and ZIP Code	Longboat Key, FL
Postage	25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark	

P-629 760 948

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Harold Christensen	
Street and No.	1136 Longboat Dr. E.	
P.O., State and ZIP Code	Longboat Key, FL 34228	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

P-629 760 936

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	William Beable	
Street and No.	P.O. Box 6154	
P.O., State and ZIP Code	Longboat Key, FL 34228	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

P-629 760 949

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Ruby McDonald	
Street and No.	Box 11	
P.O., State and ZIP Code	Longboat Key, FL 34228	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

P-629 760 946

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Jean Broida	
Street and No.	2071 Gulf of Mexico Dr.	
P.O., State and ZIP Code	Longboat Key, FL 34228	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

P-629 760 950

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	William G. Patlawany	
Street and No.	3651 Wickelusal Ct.	
P.O., State and ZIP Code	Carrickell, CA 95608	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

P-629 760 934

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Michael Bunge	
Street and No.	474 Lynn Lane	
P.O., State and ZIP Code	Longboat Key, FL 34228	
Postage	\$ 25	
Certified Fee	\$ 85	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered	90	
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL	\$ 200	\$ 2
Postmark Date	JUN 1 1988	

U.S.G.P.O. 183-508
PS Form 3800, June 1985

7094 Longboat Drive East

P-629 760 912

RECEIVED FOR DELIVERY
NO INSURANCE CERTIFICATE PRINTED
1ST PM FL DELIV CLK 342

Send to: Amy Bressler
 City and St: 7094 Longboat Dr East
 P.O. Box No: P.O. Box 25
 Postage: Longboat Key, FL 34228
 Certified Fee: 8.50
 Special Delivery Fee: 8.50
 Restricted Delivery Fee: 00
 Return Receipt showing to whom and Date Delivered: 00
 Return Receipt showing to whom and Date Delivered: 00
 Return Receipt showing to whom and Date Delivered: 00
 Date Delivered: 11-2-88



PS Form 3800, June 1985 U.S.G.P.O. 1985B08

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)
 3. Registered Mail (Extra charge)
 4. Insured (COD)
 5. Certified (COD)

1. Article Addressed to:
 Marie Jackson/Mary Phillips
 741 Fox Street
 Longboat Key, FL 34228

2. Article Number
 P-629 760 944

3. Type of Service:
 Registered Insured
 Certified COD
 Express Mail

4. Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 Cynthia Bressler

6. Signature - Agent
 V.G.

7. Date of Delivery
 11-1-88

8. Addressee's Address (ONLY if requested and fee paid)

9. Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-088 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)
 3. Registered Mail (Extra charge)
 4. Insured (COD)
 5. Certified (COD)

1. Article Addressed to:
 Reinhold Joest
 750 Russell
 Longboat Key, Fla. 34228

2. Article Number
 P-629 760 931

3. Type of Service:
 Registered Insured
 Certified COD
 Express Mail

4. Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 Reinhold Joest

6. Signature - Agent
 V.G.

7. Date of Delivery
 11-1-88

8. Addressee's Address (ONLY if requested and fee paid)

9. Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-088 DOMESTIC RETURN RECEIPT

7. Date of Delivery
 11-2-88

8. Addressee's Address (ONLY if requested and fee paid)
 P. Wallenberg
 5350 Gulf of Mexico Drive
 Longboat Key, FL 34228

9. Article Number
 P-629 760 932

10. Type of Service:
 Registered Insured
 Certified COD
 Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Signature - Addressee (ONLY if requested and fee paid)

13. Signature - Agent

14. Date of Delivery

15. Addressee's Address (ONLY if requested and fee paid)

16. Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-088 DOMESTIC RETURN RECEIPT

7. Date of Delivery
 11-31-88

8. Addressee's Address (ONLY if requested and fee paid)
 Russell Chinnis
 P.O. Box 652
 Longboat Key, FL 34228

9. Article Number
 P-629 760 940

10. Type of Service:
 Registered Insured
 Certified COD
 Express Mail

11. Always obtain signature of addressee or agent and DATE DELIVERED.

12. Signature - Addressee (ONLY if requested and fee paid)

13. Signature - Agent

14. Date of Delivery

15. Addressee's Address (ONLY if requested and fee paid)

16. Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-088 DOMESTIC RETURN RECEIPT

7084 Longboat Drive East

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)†

3. Article Addressed to:
 Roscoe Middleton
 791 Russell St.
 Longboat Key, Fl. 34228

4. Article Number
 P-629 760 955

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Roscoe Middleton*

6. Signature - Agent
 X

7. Date of Delivery - 88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)†

3. Article Addressed to:
 Robert Hardaway
 3419 Beach Drive
 Tampa, Fla. 33609

4. Article Number
 P-629 760 951

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *R. Hardaway*

6. Signature - Agent
 X

7. Date of Delivery - 88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)†

3. Article Addressed to:
 Rose Butler/Helen Pierce
 P.O. Box 246-126
 Longboat Key, Fl. 34228

4. Article Number
 P-629 760 930

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Rose Butler*

6. Signature - Agent
 X

7. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

Article Addressed to:
 Iain Habecker
 P.O. Box 268
 Longboat Key, Fl. 34228

4. Article Number
 P-629 760 937

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)

6. Signature - Addressee
 X *Iain Habecker*

7. Date of Delivery
 11-1-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

Article Addressed to:
 Joan Bergstrom
 773 Lands End Drive
 Longboat Key, Fl. 34228

4. Article Number
 P-629 760 947

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)

6. Signature - Addressee
 X *Joan Bergstrom*

7. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)†

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)†

RECEIVER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Amy Bressler
761 Fox St.
P.O. Box 8265
Longboat Key, Fl. 34228
7094 Longboat Drive East

4. Article Number
P-629 760 942

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Amy Bressler*

6. Signature - Agent
X

7. Date of Delivery
11-1-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

1. Article Addressed to:
Michael Burgess
784 Lyons Lane
Longboat Key, Fl. 34228

2. Article Number
P-629 760 934

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Addressee's Address (ONLY if requested and fee paid)

4. Signature - Addressee

5. Signature - Agent

6. Date of Delivery
11-1-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Jean Broida
2071 Gulf of Mexico
Longboat Key, Fl. 34228

4. Article Number
P-629 760 946

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Jean Broida*

6. Signature - Agent
X

7. Date of Delivery
11-9-88 MB

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

1. Article Addressed to:
Harold Christensen
7120 Longboat Dr. E.
Longboat Key, Fl. 34228

2. Article Number
P-629 760 948

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Addressee's Address (ONLY if requested and fee paid)

4. Signature - Addressee

5. Signature - Agent

6. Date of Delivery
10-31-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
William G. Petloway
3651 Kiebusch Ct.
Carmichael, Ca. 95608

4. Article Number
P-629 760 950

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *W.G. Petloway*

6. Signature - Agent
X

7. Date of Delivery
11-9-88 MB

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

1. Article Addressed to:
Harold Christensen
7120 Longboat Dr. E.
Longboat Key, Fl. 34228

2. Article Number
P-629 760 948

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Addressee's Address (ONLY if requested and fee paid)

4. Signature - Addressee

5. Signature - Agent

6. Date of Delivery
10-31-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Addressee's Address (ONLY if requested and fee paid)

4. Signature - Addressee

5. Signature - Agent

6. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-200 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery ^{†(Extra charge)†}

3. Article Addressed to: William Bechle P.O. Box 6154 Longboat Key, Fla. 34228 7094 Longboat Drive East	4. Article Number P-629 760 936 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X P. A. Bechle	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 11/21/88 CV	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266- DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery ^{†(Extra charge)†}

3. Article Addressed to: Ruby McDonald Box 11 Longboat Key, Fla. 34228	4. Article Number P-629 760 949 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X Ruby McDonald	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 10-31-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266- DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery ^{†(Extra charge)†}

3. Article Addressed to: Robert Atkins 5670 Cypress Gardens Blvd. Winter Haven, Fla. 33880	4. Article Number P-629 760 938 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X R. Christwald	
7. Date of Delivery 11-2-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266- DOMESTIC RETURN RECEIPT

Article Addressed to:
Clark Hager
P.O. Box 311
Longboat Key, Fla. 34228

7. Date of Delivery
11-15-88 PCC

8. Signature - Agent
X [Signature]

9. Addressee's Address (ONLY if requested and fee paid)

4. Article Number
P-629 760 939
Type of Service:
 Registered Insured
 Certified COD
 Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266- DOMESTIC RETURN RECEIPT

Article Addressed to:
Mary Wickersham
731 Fox Street
Longboat Key, Fl. 34228

7. Date of Delivery
11-15-88

8. Signature - Agent
X [Signature]

9. Addressee's Address (ONLY if requested and fee paid)

4. Article Number
P-629 760 945
Type of Service:
 Registered Insured
 Certified COD
 Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-266- DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)¹

3. Article Addressed to:
Tempotech Industries Inc.
7031 Baysode Drive
Longboat Key, Fla. 34228

7094 Longboat Drive East

4. Article Number
P-629 766 933

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X Julie M. Coy

6. Signature - Agent
X

7. Date of Delivery
11-2-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)¹

3. Article Addressed to:
Nancy Stafford
771 Fox St.
Longboat Key, Fl. 34228

4. Article Number
P-629 766 941

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X Nancy L. Stafford

6. Signature - Agent
X

7. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)¹

3. Article Addressed to:
Michael O'Conner
6508 Heritinge Lane
Bradenton, Fla. 34209

4. Article Number
P-629 766 954

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X Quis O'Conner

6. Signature - Agent
X

7. Date of Delivery
11-3-88

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)¹

3. Article Addressed to:
James Perlina
P.O. Box 65
Longboat Key, Fla. 34228

4. Article Number
P-629 766 935

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X James Perlina

6. Signature - Agent
X

7. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)¹

3. Article Addressed to:
Thomas Pierce
P.O. Box 6449
Longboat Key, Fl. 34228

4. Article Number
P-629 766 953

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X Thomas Pierce

6. Signature - Agent
X

7. Date of Delivery

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-008 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return mailing fee will apply for the cost of the return postage to and the date of delivery. For additional fee the following services are available: Certified (postmark for fee and check boxes) for additional services requested.

1. Show to whom delivered, date, and address's address. (Extra charge!)

2. Registered Delivery (Extra charge!)

3. Article Addressed to:
Ralph De Wick
770 Russell
Longboat Key, Fla. 34228

4. Article Number
P-629 760 932

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *Ralph De Wick*

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Signature (ONLY IF requested)

NOV 1 1988
USPS
LONGBOAT KEY FL

DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1987 * U.S. E.F.C. 1987-175-015