FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999						
THIS STATEMENT REFLECTS MY FMANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER / OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1999 THAN THE CALENDAR YEAR:		NAME OF YOUR AGENCY: LIFE CEUNTY ENDUSTRIAL ESTIMATION FORMATY				
LAST NAME - FIRST NAME - MIDDLE NAME: CEME MICHAEL MAILING ADDRESS: 1316 5232ND TEANAUE		CHECK ONE OF THE FOLLOWING CATEGORIES:				
CITY: ZIP: COUNTY: CARE CONAL 33404 LEC-		LIST OFFICE OR POSITION HELD OR SOUGHT: <u>HIME THE</u>				
NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required dis- closure constitutes grounds for and may be punished by one or more of the following: disquali- fication from being on the ballot, impeachment, removal or suspension from office or employ- ment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.						
PART A PRIMARY SOURCES OF INCOME [So NAME OF SOURCE OF INCOME	so	ross income] URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Busiy B.t.K		e N/ (1 4 3919	13. An Kin C			
INB CONTENSTION	1 HEAMING		Bananic			
PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]						
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	sc	DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
PART C REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when			
1001 Ste 24/16 AUG 19-4 CARE COMAR, FEL			and where to file this form are located at the bot- tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this- packet. OTHER FORMS you may need to file are described on page 6.			
	(Continued on p.2)					
CE FORM 1 - EFF. 1/2000	6 ₁₁	2	PAGE 1			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANGIBL	Ē	. BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK COM	YON) FUB	CONPORATION	BANK			
	······································					
PART E LIABILITIES IN EXCESS OF NET WORTH [Major debts]						
NAME OF CREDIT	ror	ADDRESS OF CREDITOR				
Ma		and the state of the	·····			
			.,			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	GTH PROPERTY	Luxuny Marin				
ADDRESS OF BUSINESS ENTITY	13/6 St grand 1 that	1227 CAME CAMP PR				
PRINCIPAL BUSINESS ACTIVITY	Riensal Herrary	A=Mennerice				
POSITION HELD WITH ENTITY	PARTIVIA	U. P.				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	X185 3570	YES 1970				
NATURE OF MY OWNERSHIP INTEREST	MANTINEA.	OFFICEA				
IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE:	Alak	DATE SIGNED:	tlee			

FILING INSTRUCTIONS FOR FORM 1

WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE: Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. **Candidates** file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer, state officer,* and *specified state employee* must file within 30 days of the date of his or her appointment or of the beginning of employment.

Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)