FORM 1	STATEMENT OF	2004				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS					
LACTAIANE FIRST NAME MIDDLE N	AME: FOR OF	FOR OFFICE USE ONLY:				
1195 SAND	CASTLE RD	III Code				
CITY:	ZIP: COUNTY:	B Sime				
SANIBEL A	CL 33957 LEE	AFCON ENGLISHED				
POLICE OFFICERS	BOARD OF THE MUNICIPAL RETIREMENT TRUST FUNDO	Company				
NAME OF OFFICE OR POSITION HELD O	OR SOUGHT: MACN - SECRETALY	P. Req. Code				
CHECK ONLY IF CANDIDATE OF		<u>-</u>				
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2004 DECEMBER 31, 2004						
	OME [Major sources of income to the reporting person]					
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
TOMEL CO INC DIBIA 5 R LOUW	ions 1619 PERININGKLE WAY SAMBEL	ANBEL WAGES				
	NCOME [Major customers, clients, and other sources of income to NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
		FILING INCTIONS (
PART C REAL PROPERTY [Land, built		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
1145 DANN ("4976E	RD SANBER FL 33957	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
		OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERSO	-	ks, bonds, certific		THE PRO	DEDTY DELATED	
TYPE OF INTANG				PERIT RELATES		
3/0CK		BANK OF AMERICA SANBER CAPTUR COMMUNITY BANK				
3/5CK	BCK SAN, BEZ			marile B.	WK	
		124-0-1				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
SANCAP BANK 2.473		2.475 41	15 LIBRARY WAY SANBOL FR 33957			
EDISON NATU BANK 130		13000	3000 5 CLEVELAND FT MYERS FL 33907			
FIRST COMMUNITY BANK		ISGS RED CEDAR FT MYORS FL 73907				
<u> </u>						
					<u> </u>	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
NAME OF	BUSINESS ENTITY # 1		BUSINESS ENTITY		BUSINESS ENTITY # 3	
BUSINESS ENTITY	TOMER COINC		CHASTNES TOWER	CY BYDESI	<u></u>	
ADDRESS OF BUSINESS ENTITY	1619 PALIWINKLEWAY		13550 REPLECTION	35 PRWY		
PRINCIPAL BUSINESS ACTIVITY	ACLOUNTING		JENEZ-RY-RET	414		
POSITION HELD WITH ENTITY	PRES-DIBJAL		VP- DIRECTO	l l		
I OWN MORE THAN A 5%	VE3		V.5-5			
INTEREST IN THE BUSINESS NATURE OF MY			29	1		
OWNERSHIP INTEREST	100%		80% INNORSHI			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Anna Couver DATE SIGNED (required): 6/23/65						
FILING INSTRUCTIONS:						
WHAT TO FILE: WHEN 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:

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.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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 Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Initially, each local officer/employee, 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.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their posi-

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.