FORM 1	STATEMENT	r of	2002
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL INT	TERESTS	
LAST NAME FIRST NAME MIDDI	ENAME: BERNACO	FOR OFFICE USE ONLY:	200°
MAILING ADDRESS: 5150 FAV.	Field Dr.	- ID (SUPER 17
			Code
FT MTERS	ZIP: COUNTY: 3 39 19	ID I	No.
NAME OF AGENCY:	~~~	Cor	No.
NAME OF OFFICE OR POSITION HE MECHANICAL BOA		PEALS -	Req. Code
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORE THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS		IG TAX YEAR, WHETHER BAS HE PRECEDING TAX YEAR EN AR IF OTHER THAN THE CAL HRESHOLDS THAT ARE ABS WHICH ARE USUALLY BASE	NDING EITHER (check one): LENDAR YEAR: SOLUTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAG			R VALUE THRESHOLDS
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	NCOME [Major sources of income to the reporting SOURCE'S ADDRESS	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
OVEN-AMB-KINSA	n 11941 FAIRWA	-	NERAL CONTRACTION
(ompany	FY MY ENS. FO	2 33913	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, and other NAME OF MAJOR SOURCES OF BUSINESS' INCOME	r sources of income to busines ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, HOUSE 5150 FR FMYS	buildings owned by the reporting person)	and w	NG INSTRUCTIONS for when where to file this form are locat-the bottom of page 2.
	25 FL		TRUCTIONS on who must file form and how to fill it out begin age 3.

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	' [Stocks, bonds, certific		ICH THE PROPERTY RELATES
572cks, Bonos, 401K	DE	المحسود ا	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CREDITOR
			-
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positi	ons in certain types of businesses	5]
BUSINES	S ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH I	FARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):	26	DATE S	IGNED (required):
80	FILING IN	STRUCTIONS:	
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.	WHERE TO FIL If you were mailed on Ethics or a Col		WHEN TO FILE: 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 employ-

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.

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.

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.

ment. 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.

FORM 1	STATEM		2002	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		
LAST NAME FIRST NAME MIDDLE M GOYERV MAILING ADDRESS: 5 150 FAILFIE	BERNARD F	FOR OI		PARE SUPER
	33919 LEE ZIP: COUNTY:		ID Code ID No. Conf. Code P. Req. Code	AFERMAN PRO 3: 27 SUPERMANUM PRO 3: 27
CHECK IF CANDIDATE OR	TY CONSTRUCTION NEW EMPLOYEE OR APPOIN	Rosso		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FA FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2002 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	OW WHETHER THIS STATEMENT IS OR SPECIFY ABLE INTERESTS: THE OPTION OF USING REPOR OR USING COMPARATIVE THRESI STATE BELOW WHETHER THIS ST	RECEDING TAX YEAR, WHET S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN RTING THRESHOLDS THAT HOLDS, WHICH ARE USUAL	YEAR ENDING EITHEF THE CALENDAR YEAR ARE ABSOLUTE DOLI LLY BASED ON PERCE	C (check one): : LAR VALUES, WHICH ENTAGE VALUES (see
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S PRESS		OF THE SOURCE'S SINESS ACTIVITY
Show Point Retirement	Com. 15000 SHELL	POINT BLVO.	<u> </u>	17176
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	PRIN	the reporting person] ICIPAL BUSINESS IVITY OF SOURCE
PART C REAL PROPERTY [Land, b		n]	and where to file	UCTIONS for when this form are locat-
HOME - 5150 TAIN FMYER	FIED Dr. 5, FL 33919			S on who must file v to fill it out begin
			OTHER FORM	S you may need to on page 6.

ART D — INTANGIBLE PERSO TYPE OF INTANG	•	Stocks, bonds, certific	ates of deposit, etc.) BUSINESS ENTITY TO WHIC	CH THE I	PROPERTY RELATES	
<u>ra</u>		Va	N-13-1 S			
ST Accom 25 BFMC	GOLERN		+			
PART E — LIABILITIES (Major of NAME OF CRED			ADDRESS	JE CREC	NTOR	
			ADDRESS OF CREDITOR			
MC CANCAN M	ORPARAE	رحی ا	non Carrolls	7_		
DADTE INTERESTS IN SEC.	IEIED BIICINECCES	(Oursertin or posit	ions in certain types of businesses	·1		
ART F — INTERESTS IN SPEC		ENTITY # 1	BUSINESS ENTITY # 2	•	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
OWN MORE THAN A 5% NTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST		í				
IF ANY OF PARTS	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLE	EASE CHECK HERE	
		~		·		
IGNATURE (required):	4/24		DATE S	IGNED (r	required): (-23-03	
		FILING IN	STRUCTIONS:		1 20,00	
VHAT TO FILE:		WHERE TO FI		WHE	N TO FILE:	
fter completing all parts of this		If you were mailed	the form by the Commission	Initial	ly, each local officer/employee, state	
neet (pages 1 and 2) for filing.		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form		within	, and specified state employee must file 30 days of the date of his or her	
		to that location. Local officers/emp	oloyees file with the Supervisor	ment.	ntment or of the beginning of employ- Appointees who must be confirmed by	
OTE: ULTIPLE FILING UNNECESSARY: enerally, a person who has filed Form 1 for a lendar or fiscal year is not required to file a cond Form 1 for the same year. However, a ndidate who previously filed Form 1 because another public position must at least file a copy		of Elections of the county in which they permanently reside. (If you do not permanently reside		if that	enate must file prior to confirmation, even is less than 30 days from the date of	
			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. Candidates file this form together with their		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	
		State officers or				
		Candidates file II qualifying papers.				
or her original Form 1 whe	н чоашушу,	To determine	what category your position	calend tions.	far year in which they hold their posi-	
		ralls under, see the	"Who Must File" Instructions	m;		

on page 3.

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.