THIS STATEMENT REFLECTS MY FINANCIAL INT PRECEDING TAX YEAR ENDING:	ERESTS FOR THE NAME OF YOUR AGEN	R AGENCY:			
CHECK EITHER OR SPECIFY TAX YEAH DECEMBER 31, 1997 X THAN THE CALENDAR		HISTORIC Local officer I state officer I candidate			
AST NAME - FIRST NAME - MIDDLE NAME: ABERS MISTY CAT MAILING ADDRESS: PO BOX 1733	LOCAL OFFICER				
boca Grande 3392	1	TION HELD OR SOUGHT: Member			
NOTICE: Under provisions of Se closure constitutes grounds for fication from being on the ballo ment, demotion, reduction in sal	ec. 112.317, Florida Statutes, a and may be punished by one o t, impeachment, removal or su ary, reprimand, or a civil penalt	failure to make any required dis- r more of the following: disquali- spension from office or employ- y not exceeding \$10,000.			
PART A PRIMARY SOURCES OF INCOME [Sol	urces exceeding 5% of gross income]				
	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
1 Dept of Equiron Protect	Tuin Taers of fice Building 2600 Blace Stone Rd MS # 76 Tullahasser, 71323992400	State Regulatory Agericy			
PART B — SOURCES OF INCOME TO BUSINESS	SES OWNED BY THE REPORTING PERSON IM				
		ajor customers, clients, etc. J NONE			
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S			
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NAME OF SOURCE OF	SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S				
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	FILING INSTRUCTIONS of when and where to file this form are located at the bottom of page 2.			
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY   FILING INSTRUCTONS   FILING INSTRUCTONS   Of When and where to file this form are located at the bot tom of page 2.			

PARY D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
				<u>, ", ", ", ", ", ", "</u> , ", ", ", ", ", ", ", ", "				
			<u></u>		<u> </u>			
PART E - LIABILITIES IN EXCES	SS OF NET WORTH	[Major debts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Chase ando Finance		P.O. B	DOX 15484, W	ilmington	, DE 19 886	- 5486		
						U S		
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [	Ownership or p	positions in certain types	of businesses]	vone =			
	BUSINESS ENT	FITY # 1	BUSINESS E	NTITY # 2	BUSINESS ENTH	V # S C & # Y		
NAME OF BUSINESS ENTITY						ED OR MS		
ADDRESS OF BUSINESS ENTITY					B6,			
PRINCIPAL BUSINESS								
POSITION HELD WITH ENTITY				$\overline{}$				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY PARTS OF A THROUGH F A	RE CONTINUED ON	A SEPARAT	E SHEET, PLEASE CH	ECK HERE				
SIGNATURE: WYUT	Haber	$\sim$	DATE SIGNED:	6/10	198			
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)