PERSONAL FINANCIAL STATEMENT		n Administrator Regional Planning Council	SFRPC		
As of, 20	Suite 140 Hollywood, FL		File No:		
Complete this form if 1) a sole proprieto			each partner, 3) a corporation		
by each office and each stockholder with 20% or more ownership, or 4) any other person or entity providing a					
guaranty on the loan.					
Name and Address, Including ZIP Code spouse submitting Statement)	(of person and				
spouse submitting statements					
Social Security No:					
Social Security No. (spouse):					
Business (of person submitting Statemen	t)				
Please answer all	questions using	g "No" or "None" where ned	essary		
ASSESTS			ILITIES		
Cash on Hand and in Banks \$		Accounts Payable	\$		
Savings Account in Banks		Notes Payable to Banks			
US Government Bonds		(Describe in Section 2)			
Accounts & Notes Receivable		Notes Payable to Others			
Life Insurance Cash Surrender Value Only		(Describe in Section 2)			
Other Stocks and Bonds		Installment Accounts (Auto)		
(Describe in Section 3)		Monthly Payments \$			
Real Estate		Installment Accounts (Othe	r)		
(Describe in Section 4)		Monthly Payment \$			
Automobile – Present Value		Loans on Life Insurance			
Other Personal Property		Mortgages on Real Estate			
(Describe in Section 5)		(Describe in Section 4)			
Other Assets		Unpaid Taxes			
(Describe in Section 6)		(Describe in Section 7)			
		Other Liabilities			
		(Describe in Section 8)			
		Total Liabilities			
		Net Worth			
Total					
		Total			
		10001			

Section 1: Source of Income			(CONTINGENT	T LIABILITIE	5
(Describe below all items lis	sted in this Se	ction)				
Salary	\$		As Endorser o	or Co-Maker	\$	
Net Investment Income			Legal Claims	& Judgments		
Real Estate Income	-		Provision for	Federal Income	e Tax	
Other Income (Describe)			Other Special	Debt		
Description of items listed	d in Section 1					
<u></u>						
Not recognize to disclose	م بده ماند	aild aummant m	earmonts in "Oth	ou Incomo" unl	ass it is desima	d to have
Not necessary to disclose such payments counted to						
company and beneficiarie					1	
	Si	IIPPI FMFNT	ARY SCHEDUL	FS		
Section 2: Notes Payable to			TIKT SCILLS OF			
	A			-		
Name and Address of	Amount of L		Townson	Makerika	Harry England	
Name and Address of Holder of Note	Original Balance	Present Balance	Terms of Repayments	Maturity of Loan	How Endors Guaranteed	
	\$	\$	1 7			
Section 3: Other Stocks and	Bonds: Give	e listed and u	nlisted Stocks &	Bonds (use sep		
					Market Valu Date	e Statement
No. of Shares	Names of Se	curities	Cost		Quotation	Amount
	· <u> </u>			-	·	

	cel separately. Use supplemental sheets if necessary. Each sheet atement and signed). (Also advises whether property is covered by
Title is in name of	Type of property
Address of property (City and State) Name and Address of Holder of Mortgage	Original Cost to (me) Date Purchased Present Market Value Tax Assessment Value
(City and State)	Date of Mortgage Original Amount Balance Maturity Terms of Payment
Status of Mortgage, i.e., or current or delinque	
	be and if any is mortgaged, state name and address of mortgage ment and if delinquent, describe delinquency.)
Section 6: Other Assets. (Describe)	
Section 7: Unpaid Taxes. (Describe in detail, property or tax lien, if any attach.)	, as to type, to whom payable, when due, amount, and what, if any,

Section 8: Other Liabilities. (Describ	e in detail)	
I or We certify the above and the state	ements contained in the schedules herei	in is a true and accurate statement of
(my) or (our) financial condition as of	f the date stated herein.	
Signature	Signature	
Signature	Signature	Date