

EXHIBIT 19

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Form **SS-4**
(Rev. August 1989)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN [REDACTED]
OMB No. 1545-0043
Expires 7-31-91

1 Name of applicant (True legal name) (See instructions.)
Simon Bernstein Irrevocable Insurance Trust

2 Trade name of business, if different from name in line 1
Shirley Bernstein

3 Executor, trustee, "care of name"
Shirley Bernstein

4a Mailing address (street address) (room, apt., or suite no.)
7020 Lions Head

4b City, state, and ZIP code
Boca Raton, FL 33496

5a Address of business (See instructions.)

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, grantor, or general partner (See instructions.)
[REDACTED]

8a Type of entity (Check only one box.) (See instructions.)

| | | |
|---|--|---|
| <input type="checkbox"/> Individual SSN | <input type="checkbox"/> Estate | <input checked="" type="checkbox"/> Trust |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Plan administrator SSN | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Other corporation (specify) | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Other nonprofit organization (specify) | <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Church or church controlled organization |
| <input type="checkbox"/> Other (specify) | If nonprofit organization enter GEN (if applicable) | |

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country _____ State _____

9 Reason for applying (Check only one box)

| | |
|--|--|
| <input type="checkbox"/> Started new business | <input type="checkbox"/> Changed type of organization (specify) |
| <input type="checkbox"/> Hired employees | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Created a pension plan (specify type) | <input checked="" type="checkbox"/> Created a trust (specify) <u>Insurance Trust</u> |
| <input type="checkbox"/> Banking purpose (specify) | <input type="checkbox"/> Other (specify) |

10 Date business started or acquired (Mo., day, year) (See instructions.)
JUNE 1, 1995

11 Enter closing month of accounting year. (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

| | | |
|-----------------|--------------|-----------|
| Nonagricultural | Agricultural | Household |
|-----------------|--------------|-----------|

14 Does the applicant operate more than one place of business?
If "Yes," enter name of business.

Yes No

15 Principal activity or service (See instructions.)

16 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

Yes No

17 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) Business (wholesale) N/A

18a Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please complete lines 18b and 18c.

Yes No

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name _____ Trade name _____

18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____

I/we certify that the information furnished on this application, and to the best of my knowledge and belief, is true, correct, and complete.

Telephone number (include area code)
407-477-9991

Name and title (Please type or print clearly) Shirley Bernstein, Trustee

Signature X [Signature] Date JUNE 21, 1995

Please leave blank

| | | | | |
|------|------|-------|------|---------------------|
| Org. | Ind. | Class | Size | Reason for applying |
|------|------|-------|------|---------------------|

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