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HUDSON SI	HERRILL W											
Form 4												
May 05, 200	6											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL			
CONVIA UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi				0 /					Expires:	January 31,		
if no long		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	200:			
subject to Section 16. SECURITIES								Estimated average burden hours per				
Form 4 or	r								response 0.5			
Form 5	Filed J	pursuant to	Section 1	6(a) of the	e Securit	ies E	Exchang	e Act of 1934,				
obligatior may conti		17(a) of the	Public Ut	ility Hold	ling Con	npan	y Act of	f 1935 or Section	n			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	10				
1(b).												
(Print or Type R	Responses)											
1 Name and Δ	ddress of Report	ing Person *	2 1					5. Relationship of Reporting Person(s) to				
	HERRILL W		2. Issuer Symbol	uer Name and Ticker or Trading				(Check all applicable)				
PUI				X SUPER	MARK	FTS	INC					
							INC					
(T A)		AC111	[NONE	-				V D'	100	0		
(Last)	(First)	(Middle)		Earliest Tr	ansaction			X_ Director Officer (give		Owner er (specify		
201 SOUTH BISCAYNE (Month/E 05/04/2				-				below) below)				
	RD, 34TH FL	OOR	03/04/20	000								
MIAMI CEN		oon,										
			4 If Ama	ndmant Da	ta Origina	1		6 Individual on Ia	int/Crown Filin	c/Charle		
(Street) 4. If Ame Filed(Mor				nendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)				
				iui/Day/Teal)			_X_ Form filed by One Reporting Person				
MIAMI, FL	33131							Form filed by M				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	Month/Day/Year) Execution Date, if							Form: Direct			
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Month/Day/Year) (Instr. 8)				(Instr. 4)	(Instr. 4)		
						(1)		Following Reported		(,		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/04/2006			Р	500	А	\$	3,000	D			
Stock	05/04/2000			1	500	11	88.25	5,000				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title Derivati Security (Instr. 3	ive Conversion or Exercise	· · · · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HUDSON SHERRILL W 201 SOUTH BISCAYNE BOULEVAR 34TH FLOOR, MIAMI CENTER MIAMI, FL 33131	RD	X					
Signatures							
By: Monica Allman (POA on file) 0:		05/2006					
**Signature of Reporting Person		Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.