

#3670
\$100.00

April 11, 1996

960491-TC

Laf
4/12/96

This is to inform you that I Stephen T. Popper have been granted a certificate (# 4547) to provide pay telephone service. I now have incorporated and wish to have the certificate changed over to the company's name: Pembroke Communications, Inc..

Thank you for your attention.

Sincerely,



Stephen T. Popper
President
Pembroke Communications, Inc.

3689

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04325 APR 15 96

FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

Stephen T. Pepper

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Pembroke Communications, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 5051 Castello Drive, Suite 200

CITY Naples,

STATE & ZIP Fla 33940.

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Stephen T. Popper
TITLE: President
PHONE: 941-591-4404

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

Yes Stephen T. Popper

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Stephen T. Popper
Certificate # 4547

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Florida

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER, DESCRIBE

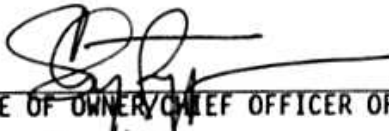
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes.

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes.

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 4/11/96.

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Stephen T. Pepper

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature 

Title _____

Date 4/11/96.

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

PC
EIN _____
OMB No. 1545-0003

P R I N C I P A L O F F I C E R	1 Name of applicant (Legal name) (See instructions.) PEMBROKE COMMUNICATIONS INC	
	2 Trade name of business (if different from name in line 1) SAME	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) P.O. BOX 413005 STE 83	5a Business address (if different from address in lines 4a and 4b) 5051 CASTELLO DRIVE STE 200
	4b City, state, and ZIP code NAPLES FL 33941-3005	5b City, state, and ZIP code NAPLES FL 33940
	6 County and state where principal business is located COLLIER FL	
	7 Name of principal officer, general partner, grantor, owner, or trustee STEPHEN POPPER PRESIDENT	

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

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Plan administrator-SSN _____
<input type="checkbox"/> REMIC _____	<input checked="" type="checkbox"/> Other corporation (specify) S-CORP
<input type="checkbox"/> State/local government _____	<input type="checkbox"/> Trust _____
<input type="checkbox"/> Other nonprofit organization (specify) _____	<input type="checkbox"/> Federal Government/military _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Farmer's cooperative _____
	<input type="checkbox"/> Church or church controlled organization _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) 03-25-96	<input type="checkbox"/> Banking purpose (specify) _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) _____
<input type="checkbox"/> Created a pension plan (specify type) _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) _____
	<input type="checkbox"/> Other (specify) _____

10 Date business started or acquired (Mo., day, year) (See instructions.) **03-25-96**

11 Closing month of accounting year. (See instructions.) **DECEMBER**

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) **04-01-96**

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." (See instructions.)

Nonagricultural	Agricultural	Household
2		

14 Principal activity (See instructions.) **PAY TELEPHONE PROVIDER**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used _____

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

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above

Legal name _____	Trade name _____
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

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

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) **STEPHEN POPPER PRESIDENT**

Signature  Date _____

Please leave blank

Geo.	Ind.	Class	Size	Reason for applying

Election by a Small Business Corporation
 (Under section 1362 of the Internal Revenue Code)
 ▶ For Paperwork Reduction Act Notice, see page 1 of instructions
 ▶ See separate instructions.

- Notes**
1. This election to be an "S corporation" can be accepted only if all the tests are met under **Who May Elect** on page 1 of the instructions, all signatures in Parts I and III are originals (no photocopies), and the exact name and address of the corporation and other required form information are provided.
 2. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, until you are notified that your election is accepted.

Part I Election Information

Please Type or Print	Name of corporation (see instructions) <i>Pembroke Communications Inc</i>	A Employer identification number (EIN) <i>65 0691828</i>
	Number, street, and room or suite no. (if a P.O. box, see instructions) <i>P.O. Box 413105, Ste 83</i>	B Date incorporated <i>3/25/96</i>
	City or town, state, and ZIP code <i>Naples, FL 33960</i>	C State of incorporation <i>FLORIDA</i>

D Election is to be effective for tax year beginning (month, day, year) ▶ *1 1 1 96*

E Name and title of officer or legal representative who the IRS may call for more information
Stephen Popper, President

F Telephone number of officer or legal representative
(941) 263-3666

G If the corporation changed its name or address after applying for the EIN shown in A, check this box

H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business ▶ *3 25 96*

I Selected tax year. Annual return will be filed for tax year ending (month and day) ▶ *December 31*
 If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-2T(e)(3).

J Name and address of each shareholder, shareholder's spouse having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an "S corporation" under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Dates acquired		
<i>Stephen T. Popper 823 Tanbark Dr #202 Naples, FL 33963</i>			<i>500</i>	<i>3/25/96</i>		<i>12/31</i>
<i>Christine H Popper 7086 Villa Lantana Way Naples, FL 33963</i>			<i>500</i>	<i>3/25/96</i>		<i>12/31</i>

*For this election to be valid, the consent of each shareholder, shareholder's spouse having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety must either appear above or be attached to this form. (See instructions for Column K if a continuation sheet or a separate consent statement is needed.)

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of officer ▶ *[Signature]* Title ▶ *President* Date ▶

See Parts II and III on back.

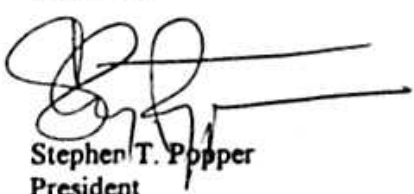
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Sincerely,



Stephen T. Popper
President
Pembroke Communications, Inc.

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DEPOSIT TRES REC DATE
0275 APR 16 96

RECEIVED
APR 15 10 51 AM '96
ADMINISTRATION
MAIL ROOM

CHRISTINE POPPER OR
CHARLES POPPER
7086 VILLA LANTANA WAY
NAPLES, FL 33963

3670

4/11 96

Florida Public Service Commission 100.00

Hundred Dollars 00/100 DOLLARS

Barnett Bank

907-667-0000
4891 North Tamiami Trail
Naples, Florida 33940

Christine Popper