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APR 23 96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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96 0520-TC

1. LEGAL NAME OF THE APPLICANT ANTHONY L. SAMA
TARGET MANAGEMENT, INC.
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
TARGET MANAGEMENT, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 2180 RESERVE PARK TRACE
CITY PORT ST. LUCIE
STATE & ZIP FL 34986

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 ANTHONY L. SAMAADDRESS 2180 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

- 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: ANTHONY L. SAMA
TITLE: PRES/CEO
PHONE: (407) 464-8381 (FAX)
(407) 464-8330 (OFFICE)

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.

NO

7. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

NONE

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

NONE

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[X]
LONG DISTANCE	[X]
COIN	[X]
CALLING CARD	[X]
CREDIT CARD	[X]
OTHER, DESCRIBE	[]

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 200-300.

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

PERSONALLY	[]
FULL-TIME TECHNICIAN	[X]
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, ANTHONY L. SAMA, Pres/CEO TARGET MANAGEMENT, INC
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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: 4/18/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant TARGET MANAGEMENT, INC.

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 PRES/CEO

Date 4/18/96

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of TARGET MANAGEMENT, INC., a Florida corporation, filed on January 8, 1996, as shown by the records of this office.

The document number of this corporation is P96000003255.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Tenth day of January, 1996



CR2EO22 (1-95)



Sandra B. Northam
Secretary of State

APR 23 1996

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NAME ANTHONY L. SAMA

ADDRESS 2180 RESERVE PARK TRACE

PORT ST. LUCIE FL 34986



TARGET NETWORK, INC.
407-464-8330
2180 Reserve Park Trace
Port St. Lucie, FL 34986

304

4/18 1996

Pay to the order of FLORIDA STATE PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED AND 00/100 DOLLARS

RIVERSIDE NATIONAL BANK

200 B & B PORT ST. LUCIE FL 34986

FOR

en registered with

DOCUMENT NUMBER DATE
04636 APR 23 96
FPSC-RECORDS/REPORTING