

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

194
\$100.00
LAF
11/7/96

1. LEGAL NAME OF THE APPLICANT

ROBERT ALAN BLACK

761355-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

ROBALCO, INC.

DEPOSIT TREAS. REC. DATE

0400

NOV 13 '96

3. ADDRESS OF THE APPLICANT(S)

STREET

616 S.W. 8TH TERRACE

CITY

FORT LAUDEDALE

STATE & ZIP

FLORIDA 33315

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.

RECEIVED
NOV 12 1996

96 NOV 12 7 12 59

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

NAME: ROBERT A. BLACK

TITLE: PRESIDENT

PHONE: 757 - 462-8017

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 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

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 INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NONE

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[X]
 [X]
 [X]
 [X]
 [X]
 []

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 50

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

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

[X]
 []
 []
 []
 []

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

YES

14. 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: 11-7-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ROBERT A BLACK

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

Signature ROBERT A BLACK

Title PRESIDENT

Date 11-7-96

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.



Rec 1/31/94

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

January 27, 1994

RANDALL MCKIE
RAYMOND RIPLEY, JR. ACCOUNTANTS, INC.
POST OFFICE BOX 807
DELRAY BEACH, FL 33447

The Articles of Incorporation for ROBALCO, INC. were filed on January 18, 1994, and assigned document number P9400006718. Please refer to this number whenever corresponding with this office.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Ava Watson
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 594A00003922

ARTICLE VI. DIRECTORS

This corporation shall have one (1) director, initially. The number of directors may be either increased or decreased from time to time as provided in the by-laws of the Corporation. The name and street address of the initial member of the Board of Directors is:

<u>Name</u>	<u>Address</u>
Robert A. Black	4000 Towerside Terrace, # 1605 Miami, Florida 33138

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 14th day of January, 1994. This corporation shall be effective on filing of these Articles of Incorporation with the Secretary of State.

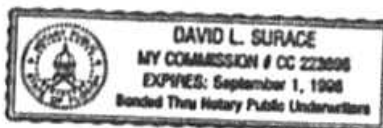

Subscriber

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 14th day of January, 1994.


Notary Public

My commission expires:



FILED
1994 JAN 18 PM 2:40
TALLAHASSEE, FLORIDA



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice APR. 11, 1994
Taxpayer Identifying Number 65-0464308
Form: Tax Period:



For assistance you may call us at:
1-800-829-1040 ST. OF FL

ROBALCO INC
PO BOX 807
DELRAY BEACH FL 33447-0807077

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING JAN. 18, 1994, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

CLIENT'S COPY

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev

Return this portion to us with your inquiry or with your check if you have a balance due.

Your telephone number
() -

Best time to call

650464308 QT 00 0000



INTERNAL REVENUE SERVICE
ATLANTA, GA 39901

ROBALCO INC
PO BOX 807
DELRAY BEACH FL 33447-0807077

ARTICLES OF INCORPORATION
OF
ROBALCO, INC.

FILED
1994 JAN 18 PM 2:40
SECRET
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME OF CORPORATION

The name of this corporation shall be: **ROBALCO, INC.**

ARTICLE II. NATURE OF BUSINESS

The general nature of the business to be conducted by this corporation is to engage in any activities or business permitted under the laws of the United States and Florida; in the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1000) shares of common stock at a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV. ADDRESS

The street address of the principal office of the corporation shall be 4000 Towerside Terrace, # 1605, Miami, Florida, 33138 and the name of the initial registered agent of the corporation shall be Robert A. Black.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following
is submitted in compliance with said Act:

ROBALCO, INC. desiring to organize under the laws of the
State of Florida with its principal office, as indicated in the Articles of
Incorporation, in the City of Miami, County of Dade, State of Florida, has
named Robert A. Black, located at 4000 Towerside Terrace, #1605, Miami,
Florida, 33138 as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated corporation at the place designated in the Certificate, I
hereby accept to act in this capacity and agree to comply with the
provisions of said Act relative to keeping open said office.



Robert A. Black

FILED
1994 JAN 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

194
+100 cc
YAF
11/7/96

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CITY

FORT LAUDERDALE

STATE & ZIP

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NAME

R Robalco, Inc.
4000 Towerside Terr., Apt 1605
Miami, FL 33138

194

11-7-96 63-308/070 48

Pay to the order of FLORIDA PUBLIC SERVICES \$100.00

One Hundred Dollars

827-040
11706 Biscayne Blvd.
North Miami, Florida 33181

FOR APPLICATION FEE REASAS

[]
been registered with

961355

RETURN TO SENDER

REFUSED UNCLAIMED

NO SUCH NUMBER

TEMPORARY AWAY

RETEMPTED NOT KNOWN INSUFFICIENT ADDRESS

MOVED LEFT NO FORWARD LAWFUL BORDER EXP

ROUTE NO 123 DETAILS MR DATE 12/19

POSTMARK: TAMPA FL 33602 DEC 18 '55

Robalco, Inc.
616 S.W. 9th Terrace
Ft. Lauderdale FL 33315-1050

TF 943

TF 943