FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

			DEPOSIT	TREAS. REC	DATE
1.	LEGAL NAME OF TH	E APPLICANT	D/(1/)	III en all sui /4	DEC 0.5 '96
	STEVEN	R. PRIMA / KENT D.	CROOK		0000
2.	NAME UNDER WHICH	THE APPLICANT WILL DO BUSINES	S		
	PANTHER	PAYPHONES, FNC.	16.144	1-10	
3.	ADDRESS OF THE A				
	STREET	1051 NW 192 AVE			
	CITY	PEMBROKE PINES			
	51ATE & 7TP	(LUKIUN 33024	8		
4.	TYPE OF ORGANIZA	TION (CHECK ONE)			
	A. INDIVIDUAL OWN NAME.	DOING BUSINESS UNDER HIS/HER:	ſ	1	
	DOCUMENTATION:	No other documentation needed			
	B. PARTNERSH	IP:	1]	
	DOCUMENTATION: with the name and	Attach a copy of the partners d address of all partners.	hip agreem	nent, and a	ı list
	C. CORPORATIO	N:	[\	X	
	filed with the outside of Florid	Attach proof that articles of Florida Secretary of State's da, attach proof from the Florichority to operate in Florida and tered Agent.	Office. da Secreta	If incorports of State	orated e that
	NAME	STEVEN R. PRISTAS			
	ADDRESS	1051 NW 192 AVE			
		PEMBROKE PINES, FL	ORIDA 3.	3024	
	D. DOING BUSI	NESS UNDER A FICTITIOUS NAME:	[]	
	DOCUMENTATION: A	ttach proof that fictitious nametary of States Office.	ne has beer	registere	d with

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

12955 DEC-5%

C., OR IN APPLICANT STATE OF IFICATES.						
_						
LIST THE						
STEVEN R. PRISTAS (SUNSHINE PAYPHONES, INC.)						
. Nu						
TELEPHONE						
PROVIDER.						

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
IN FC	EASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP ODIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MASSULT FROM PENDING PROCEEDINGS.
PI	EASE CHECK THE SERVICES THAT WILL BE PROVIDED:
L()	EASE CHECK THE SERVICES THAT WILL BE PROVIDED: CAL NG DISTANCE IN ILLING CARD IDIT CARD HER, DESCRIBE
L() C() C() C()	CAL NG DISTANCE IN LLING CARD LDIT CARD
LC CC CC CC CC CC CC CC CC CC CC CC CC C	CAL NG DISTANCE IN ILLING CARD ILLING CARD IN ILLIN

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
THE RESERVE OF THE RAW TELEPHONES HAVE VOIL BLAN TO INSTALL CONSORM TO
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: 11/21/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	PANTHER	PAYPHONES,	INC.	
Service Com	dge receipt an mission's Rules ephone Service.	d understanding and Requirements	of the F relating t	lorida Public o my provision
Signature _	MIL	(Jul)		
Title	PRESIDENT			
Date	11/21/96			

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.



Department of State

ortify the attached is a true and correct copy of the Articles of a reporation of PANTHER PAYPHONES, INC., a Florida corporation, the sember 12, 1996, as shown by the records of this office

number H96000015879. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted peror

The document number of this corporation is P96000092363

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

Authentication Code: 696A00051555-111296-P96000092363-1/1



R2EO22 (1-95)

Sandra B Mortham

Sandra B. Mortham



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Hovember 12, 1996

PANTHER PAYPHONES, INC. 1051 N.W. 192 AVENUE PEMBROKE PINES, FL 33029

The Articles of Incorporation for PANTHER PAYPHONES, INC. were filed on November 12, 1996, and assigned document number P96000092363 Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H96000015879.

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 year. 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.

Letter Number: 696A00051555

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

Document Specialist
New Filings Section
Division of Corporations

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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DEPOSIT TREAS. REC. DATE

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	STEVEN R	PRISTAS / KENT D.	CROOK MANNING	DEC O
7.		APPLICANT WILL DO BUSINESS		
		PHONES, INC.		
3.	ADDRESS OF THE APPLI			
\$2.0		1051 NW 192 AVE		
		PEMBROKE PINES		
		FLORIDA 33024	_	
4.	TYPE OF ORGANIZATION			
		NG BUSINESS UNDER HIS/HER:	[]	
	DOCUMENTATION: No	other documentation needed.		
	B. PARTNERSHIP:		[]	
		ich a copy of the partnersh dress of all partners.	nip agreement, and a	list
(1)		0.00		
-	C. CORPORATION:	ach proof that articles of	incorporation have	heen
	DOCUMENTATION: Atta filed with the Flor outside of Florida, a applicant has authori of Florida Registered	ach proof that articles of ida Secretary of State's o attach proof from the Florid ity to operate in Florida and d Agent.	Office. If incorpo da Secretary of State	rated
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