## FLORISE PAY TELEPHONE CERTIFICATE APPLICATION

NAME UNDER W	HICH THE APPLICANT WILL DO BUSINESS	ANIMATERIAN A	2000	
OSC	11.14.65	DEPOSIT 7	71094	
ADDRESS OF TH	E APPLICANT(S)	D599#	AUG :	
STREET	1700 ENTERPRISE WAY SUITE 110	2000		
CITY	MARIETTA			
STATE & ZIP	GA 30067			
TYPE OF ORGAN	IZATION (CHECK ONE)			
A. INDIVID	WAL DOING BUSINESS UNDER HIS/HER:	[ ]		
DOCUMENTATION	: No other documentation needed.			
B. PARTNE	RSHIP:	[]		
DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.				
C. CORPORA	TION:	[x]		
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	RICHARD YANG			
ADDRESS	777 FAST HIGHWAY 436 SUITE 201			
	ALTAMONTE SPRINGS, FL 32701			

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

DOCUMENT NUMBER-DATE

08535 AUG 25 5

FPSC-RECORDS/REPORTING

5.	PROVI RESPO	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS USIBLE FOR COMMISSION CONTACTS:
	NAME:	RICHARD YANG
	TITLE	DIRECTOR
	PHONE	: (407)834-2033 FAX: (407)834-2067
25 997	STHE C	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
7.	IF TO	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE FICATE HOLDER AND CERTIFICATE NUMBER.
8.	LIST	THE STATES IN WHICH THE APPLICANT:
	A.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE  GEORGIA
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.  FLORIDA
	c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER.  EXPLAIN CIRCUMSTANCES.

POIN PSC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY CONNISSION MULE NO. 25-24.511

2.55 de 2.58 de 2.56.5

	NONE
9.	PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.
10.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
11.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE
12.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN  X

13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.  YES.		
4.	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.

	1/	- /	
	Chala	Chan	
(SIGNATU	RE OF OWNER CHIEF OFF	ICER OF APPLICANT)	
DATE:	8/22/97		_

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	CHARLES CHEN/OSC
Service Comm	ge receipt and understanding of the Florida Public ission's Rules and Requirements relating to my provision hone Service.
Signature	Charles Chen
Title	Piractor of operation
Date	8/22/97

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.



July 10, 1997

CHARLES CHEN ORIENTAL SUPPLIES CORP. 1700 ENTERPRISE WAY SUITE 110 MARIETTA, GA 30067

Qualification documents for ORIENTAL SUPPLIES CORPORATION were filed on July 10, 1997 and assigned document number F97000003575. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

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. If you do not already have an FEI number, please apply NOW with the Internal Revenue 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 this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Jennifer Sindt Document Examiner Division of Corporations

Letter Number: 697A00035549



Bepartment of State

I certify from the records of this office that ORIENTAL SUPPLIES CORPORATION, is a corporation organized under the laws of Georgia, authorized to transact business in the State of Florida, qualified on July 10, 1997.

The document number of this corporation is F97000003575.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1997, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Tenth day of July, 1997

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State



Bepartment of State

i certify the attached is a true and correct copy of the application by ORIENTAL SUPPLIES CORPORATION, a Georgia corporation, authorized to transact business within the State of Florida on July 10, 1997 as shown by the records of this office.

The document number of this corporation is F97000003575.

Given under my hand and the Great Seal of the State of Morion. at Tallahassee, the Capital, this the Tenth bary of July, 1997

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

## FLOR PAY TELEPHONE CERTIFICATE APPLICATION

NAME UNDER WHICH	THE APPLICANT WILL DO BUSINESS	DEPOSIT	045
ADDRESS OF THE A	PPLICANT(S)		DATE
STREET	1700 ENTERPRISE WAY SUITE 110	D599#	AUG 2 5 1997
CITY	MARIETTA		
STATE & ZIP	GA 30067		
TYPE OF ORGANIZA	TION (CHECK ONE)		
A. INDIVIDUAL OWN NAME.	DOING BUSINESS UNDER HIS/HER:	[ ]	
DOCUMENTATION:	No other documentation needed.		
B. PARTNERSH	IP:	[]	
DOCUMENTATION: with the name an	Attach a copy of the partnership d address of all partners.	agreement, a	nd a list
C. CORPORATIO	N;	[x]	
filed with the outside of Florid	Attach proof that articles of Florida Secretary of State's Of da, attach proof from the Florida thority to operate in Florida and stered Agent.	fice. If inc Secretary of S	orporated tate that
NAME	RICHARD YANG		
ANNOTES	200		

1700 ENTERPRISE WAY SUITE 110 MARIETTA, GA 30087 (770) 988-8615

DATE AUG-22-1997

AMOUNT \$100.00

PAY ONE HUNDRED DOLLARS ONLY. TO THE GROEF

OF:

FLORIDA PUBLIC SERVICE COMMISSION