

Lance J.M. Steinhart  
Attorney At Law  
6455 East Johns Crossing  
Suite 285  
Duluth, Georgia 30097

DEPOSIT                      DATE  
D 6 4 0 -                      OCT 22 1997

Also Admitted in New York  
and Maryland

Telephone: (770) 232-9200  
Facsimile: (770) 232-9208

October 21, 1997

**VIA OVERNIGHT DELIVERY**

Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
Gunter Bldg.  
Tallahassee, Florida 32399-0850

971402 -TI

Check received with filing and  
forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check  
to RAR with proof of deposit.

Re: KCI Original, Inc.

Initials of person who forwarded check.

A.J.

Dear Sir/Madam:

Enclosed please find one original and twelve (12) copies of KCI Original, Inc.'s Application for Authority to Provide Interexchange Telecommunications Service Within the State of Florida, along with an original and twelve (12) copies of KCI Original, Inc.'s proposed tariff.

KCI Original, Inc. has sufficient financial capability to provide the requested service in the State of Florida and has sufficient financial capability to maintain the requested service and to meet its lease or ownership obligations. In support of KCI Original, Inc.'s stated financial capability, attached to its application is a copy of the Company's Balance Sheet as of September 18, 1997. As a reseller, KCI Original, Inc. does not intend to make a capital investment to provide service in the State of Florida, however, KCI Original, Inc. intends to fund the provision of service through internally generated cash flow, and to the extent necessary, from cash contributions from its principals. KCI Original, Inc. also has the ability to borrow funds, if required, based upon its financial capabilities.

I also have enclosed a check in the amount of \$250.00 payable to the Florida Public Service Commission to cover the cost of filing these documents.

DOCUMENT NUMBER-DATE

10829 OCT 22 97

FFSC RECORDS/REPORTING

Florida Public Service Commission  
October 21, 1997  
Page 2

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope.

If you have any questions regarding the application or the tariff, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Lance J.M. Steinhart", with a long horizontal line extending to the right.

Lance J.M. Steinhart, Esq.  
Attorney for KCI Original, Inc.

Enclosures  
cc: Adnan Elyaman  
LJS/lmb

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \***

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM**

for

**AUTHORITY TO PROVIDE INTEREXCHANGE TELECOMMUNICATIONS**  
**SERVICE**

**WITHIN THE STATE OF FLORIDA**

---

**Instructions**

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Appendix A).
- B. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Gunter Building  
Tallahassee, Florida 32399-0850  
(904) 413-6600**

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

**Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
Gunter Building  
Tallahassee, Florida 32399-0850  
(904) 413-6251**

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FORM PSC/CMU 31 (11/91)

Required by Commission Rule Nos. 25-24.471, 25-24.473, 25-24.480(2)

DOCUMENT NUMBER DATE

10829 OCT 22 5

FPSC RECORDS/REPORTING

1. This is an application for (check one):

- Original Authority** (New company).
- Approval of Transfer** (To another certificated company).
- Approval of Assignment of existing certificate** (To a noncertificated company).
- Approval for transfer of control** (To another certificated company).

2. Select what type of business your company will be conducting (check all that apply):

- Facilities based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
- Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- Switchless rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers. Then offers the resold service by enrolling unaffiliated customers.

3. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

**KCI Original, Inc.**

4. Name under which the applicant will do business (fictitious name, etc.):

5. National address (including street name & number, post office box, city, state and zip code):

**193 W. Frostproof Baptist Church Road  
PO Box 513  
Frostproof, Florida 33843**

6. Florida address (including street name & number, post office box, city, state and zip code):

**193 W. Frostproof Baptist Church Road  
PO Box 513  
Frostproof, Florida 33843**

7. Structure of organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Other, _____        |   |

8. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

**N/A**

(a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.160 FS), if applicable.

(b) Indicate if the individual or any of the partners have previously been:

(1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

(2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

9. If incorporated, please give:

- (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Applicant has applied for a Certificate of Authority from the Secretary of State and will file a copy upon issuance.

Corporate charter number: P97000045615

- (b) Name and address of the company's Florida registered agent.

**Adnan Elyaman  
193 W. Frostproof Baptist Church Road  
Frostproof, Florida 33843  
(941) 635-2303**

- (c) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: \_\_\_\_\_

- (d) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

No.

- (2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No.

10. Who will serve as liaison with the Commission in regard to (please give name, title, address and telephone number).

- (a) The application;

**Lance J.M. Steinhart  
6455 East Johns Crossing, Suite 285  
Duluth, GA 30097  
770/232/9200**

- (b) Official Point of Contact for the ongoing operations of the company:

**Adnan Elyaman**  
**President**  
**193 W. Frostproof Baptist Church Road**  
**Frostproof, Florida 33843**  
**(800) 481-3671**

- (c) Tariff:

**Lance J.M. Steinhart**  
**6455 East Johns Crossing, Suite 285**  
**Duluth, GA 30097**  
**770/232/9200**

- (d) Complaints/Inquiries from customers:

**Alice Elyaman**  
**Customer Service Manager**  
**193 W. Frostproof Baptist Church Road**  
**Frostproof, Florida 33843**  
**(800) 481-3671**

11. List the states in which the applicant:

- (a) Has operated as an interexchange carrier.

None.

- (b) Has applications pending to be certificated as an interexchange carrier.

**Applicant is in the process of filing Applications in Florida, Georgia and Alabama.**

- (c) Is certificated to operate as an interexchange carrier.

None.

- (d) Has been denied authority to operate as an interexchange carrier and the circumstances involved.

None.

- (e) Has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None.

- (f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None.

12. What services will the applicant offer to other certificated telephone companies:

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Facilities             | <input type="checkbox"/> Operators |
| <input type="checkbox"/> Billing and Collection | <input type="checkbox"/> Sales     |
| <input type="checkbox"/> Maintenance            |                                    |
| <input type="checkbox"/> Other: _____           |                                    |

None.

13. Do you have a marketing program?

Yes.

14. Will your marketing program:

- Pay commissions?
- Offer sales franchises?
- Offer multi-level sales incentives?
- Offer other sales incentives?

15. Explain any of the offers checked in question 14 (To whom, what amount, type of franchise, etc.).

16. Who will receive the bills for your service (Check all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> Residential customers  | <input checked="" type="checkbox"/> Business customers |
| <input type="checkbox"/> PATS providers         | <input type="checkbox"/> PATS station end-users        |
| <input type="checkbox"/> Hotels & motels        | <input type="checkbox"/> Hotel & motel guests          |
| <input type="checkbox"/> Universities           | <input type="checkbox"/> Univ. dormitory residents     |
| <input type="checkbox"/> Other (specify): _____ |  |

All services will be paid for in advance.

17. Please provide the following (if applicable):

- (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided?

N/A



(b) Name and address of the firm who will bill for your service.

N/A

18. Please submit the proposed tariff under which the company plans to begin operation Use the format required by Commission Rule 25-24.482 (example enclosed).
19. The applicant will provide the following interexchange carrier services (Check all that apply):

- MTS with distance sensitive per minute rates**  
 Method of access is FGA  
 Method of access is FGB  
 Method of access is FGD  
 Method of access is 800
- MTS with route specific rates per minute**  
 Method of access is FGA  
 Method of access is FGB  
 Method of access is FGD  
 Method of access is 800
- MTS with statewide flat rates per minute (i.e. not distance sensitive)**  
 Method of access is FGA  
 Method of access is FGB  
 Method of access is FGD  
 Method of access is 800
- MTS for pay telephone service providers**
- Block-of-time calling plan (Reach out Florida, Ring America, etc.)**
- 800 Service (Toll free)**
- WATS type service (Bulk or volume discount)**  
 Method of access is via dedicated facilities  
 Method of access is via switched facilities
- Private Line services (Channel Services)**  
(For ex. 1.544 mbs., DS-3, etc.)
- Travel Service (Prepaid Calling Cards)**  
 Method of access is 950  
 Method of access is 800

- 900 service
- Operator Services**
- Available to presubscribed customers
- Available to non presubscribed customers (for example to patrons of hotels, students in universities, patients in hospitals)
- Available to inmates

**Services included are:**

- Station assistance
- Person to Person assistance
- Directory assistance
- Operator verify and interrupt
- Conference Calling

20. What does the end user dial for each of the interexchange carrier services that were checked in services included (above).

1-800-XXX-XXXX

21.  **Other:**

- A. See attached Balance Sheet for as of September 18, 1997.
- B. See attached resumes of Applicant's key employees.
- C. Applicant will use the network services of its underlying carrier to provide services to customer in the State of Florida.

**ATTACHMENTS:**

- A - CERTIFICATE TRANSFER STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - INTRASTATE NETWORK  
APPLICANT ACKNOWLEDGMENT STATEMENT
- D - FLORIDA TELEPHONE EXCHANGES AND EAS ROUTES
- E - GLOSSARY

**\*\* APPENDIX B \*\***

**CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be responded to in one of the following ways (applicant please check one):

The applicant will not collect deposits nor will it collect payments for service more than one month in advance.

The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments (and must accompany application.)

**UTILITY OFFICIAL:**



\_\_\_\_\_  
Signature

10/21/97  
Date

\_\_\_\_\_  
President  
Title

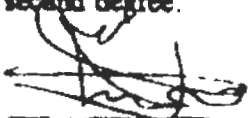
941-6359234  
Telephone No

FL

**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** A non-refundable application fee of \$250.00 must be submitted with the application.
5. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.
6. **ACCURACY OF APPLICATION:** By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement. Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, 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.

**UTILITY OFFICIAL:**

  
 \_\_\_\_\_  
 Signature

10/21/97  
 \_\_\_\_\_  
 Date

President  
 \_\_\_\_\_  
 Title

941-635-2303  
 \_\_\_\_\_  
 Telephone No

FL

**LIST OF ATTACHMENTS**

**PROPOSED TARIFF**

**FINANCIAL INFORMATION**

**MANAGEMENT INFORMATION**

**PROPOSED TARIFF**































**2.4 Responsibilities of the Customer**

The Customer is responsible for the payment of charges and for compliance with the Company's tariff regulations.

**2.5 Cancellation or Interruption of Services**

2.5.1 Without incurring liability, the Company may, discontinue services to a Customer or may withhold the provision of ordered or contracted services:

2.5.1.A For violation of any of the provisions of this tariff,

2.5.1.B For violation of any law, rule, regulation, policy of any governing authority having jurisdiction over KCI's services, or

2.5.1.C By reason of any order or decision of a court, public service commission or federal regulatory body or other governing authority prohibiting KCI from furnishing its services, or

2.5.1.D If the Company believes that any use of service is being obtained or used fraudulently, e.g. stolen or lost cards or Account Codes.

2.5.2 Without incurring liability, KCI may, interrupt the provision of services at any time in order to perform tests and inspections to assure compliance with tariff regulations.

---

Issued: October 22, 1997

Effective:

By:

Adnan Elyaman, President

KCI Original, Inc.

193 W. Frostproof Baptist Church Road  
Frostproof, Florida 33843











Formula:

$$\sqrt{\frac{(V1-V2)^2 + (H1-H2)^2}{10}}$$

Example: The rate distance between Miami and New York City:

|            | <u>V</u>     | <u>H</u>     |
|------------|--------------|--------------|
| Miami      | 8,351        | 529          |
| N.Y.       | <u>4,997</u> | <u>1,406</u> |
| Difference | 3,354        | -879         |

$$\sqrt{\frac{(8351-4997)^2 + (529-1406)^2}{10}}$$

Distance equals 1,097 miles

**3.3 Timing of Calls**

Charges for calls placed using KCI Prepaid Calling Cards are based on the duration of the call. Timing for each call begins when the called station is answered, as determined by standard industry methods generally in use for ascertaining answer, including hardware answer supervision in which the local telephone company sends a signal to the switch or the software utilizing audio tone detection. Recognition of answer supervision is the responsibility of the Underlying Carrier. Timing for each call ends when either party hangs up. KCI will not charge for uncompleted calls.

**3.4 Level of Service**

A Customer can expect end to end network availability of not less than 99% during peak use periods for all services.

---

Issued: October 22, 1997      Effective:  
By: Adnan Elyaman, President  
KCI Original, Inc.  
193 W. Frostproof Baptist Church Road  
Frostproof, Florida 33843









**FINANCIAL INFORMATION**

KCI Original Inc.  
Balance Sheet  
September 18, 1997

| Assets                                    |           |    | Liabilities    |            |    |
|---|-----------|----|----------------|------------|----|
| Cash.....                                 | \$ 25,000 | 00 | NACT.....      | \$ 175,000 | 00 |
| Office Equipment                          | 5,000     | 00 | Printer.....   | 5,000      | 00 |
| Office Supplies..                         | 500       | 00 | Total Liab.... | 180,000    | 00 |
| Switching Equipment &<br>Billing System.. | 250,000   | 00 | Capital        |            |    |
| Inventory Printed                         |           |    | KCI Orig.      | 187,000    | 00 |
| Phone Cards.....                          | 24,000    | 00 | Cap.....       | 367,500    | 00 |
| Advertisements and<br>Flyers.....         | 3,000     | 00 |                |            |    |
| Accounts<br>Receivable.....               | 60,000    | 00 |                |            |    |
| Total Assets....                          | 367,500   | 00 |                |            |    |
|   |           |    |                |            |    |
|   |           |    |                |            |    |

**MANAGEMENT INFORMATION**



ADNAN Y. (EDDIE) ELYAMAN  
P. O. Box 513  
Frostproof, FL 33843

**PROFESSIONAL EXPERIENCE:**

1995 to Present: Owner of KCI Original Inc. Prepaid Phone Cards. Started as an independant contractor for MCI Prepaid while waiting for KCI cards to be printed and processed. Exceeded quota required by MCI in the first year of contract.

Researched the possibility of purchasing telecommunications equipment to provide phone card services directly to customers. In 1997, purchased two switches from NACT in Orem, Utah.

In the meantime, made agreement with JDS in Salt Lake City, Utah to provide services for KCI until KCI switches are up and running.

Mr. Elyaman is responsible for opening new customer accounts and servicing existing accounts.

Mr. Elyaman is also the owner of Konvenience King and B-Kwik convenience stores, along with several residential and commercial properties.

1991 to 1995 Previous owner and operator of Highland Park Mobile Home Village in Lake Wales, FL. Also managed convenience store, laundromat, and game room on the premises.

1983 to 1991 Owner and operator of various businesses listed below:  
Frostproof Grocery  
Big "Q" Quality Laundromat 1 and 2  
The Hangout (pool hall and video games)  
Eddie's Trading Post  
Eddie's Apartments

ALICE KRYSIAK ELYAMAN  
(wife of Adnan)  
P. O. Box 513  
Frostproof, FL 33843

**PROFESSIONAL EXPERIENCE:**

1995 to Present: Co-owner of KCI Original Inc. Prepaid Phone cards. Ran business office, accounting and bookkeeping, customer service, phone orders, and all else necessary to run the business.

In November, 1996, took a three week training course at NACT corporate offices in Orem, Utah to learn to run the STX telecommunications switch and the NTS billing system, which KCI has since purchased.

1992 to 1995: Managed Konvenience King #2 convenience store in Lake Wales, Florida. Also responsible for accounting and bookkeeping for the Konvenience King stores.

Lance J.M. Steinhart  
Attorney At Law  
6455 East Johns Crossing  
Suite 285  
Duluth, Georgia 30097

DEPOSIT DATE  
D 6 4 0 - OCT 22 1997

Also Admitted in New York  
and Maryland

Telephone: (770) 232-9200  
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October 21, 1997

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Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
Gunter Bldg.  
Tallahassee, Florida 32399-0850

971402-TL

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Fiscal to forward a copy of check  
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KONVENIENCE KING COMMUNICATIONS INTERNATIONAL

6827

PHONE 941-699-1771  
929 S. MAIN STREET P.O. BOX 513  
LAKE PLACID, FL 33852 FROSTPROOF, FL 33843

7-10 1997

83-751/831  
00470

PAY TO THE ORDER OF FL Public Service Commission \$ 250.00

two hundred fifty only DOLLARS

First Union National Bank  
of Florida  
Lake Wales, Florida  
24 Hour Information Service  
1-800-735-1012

DOCUMENT NUMBER DATE

Alice [Signature] 10829 OCT 22 1997

FOR

ERIC REPORTS/REPORTING