

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 12/2/

Docket No. 971656-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 5120 by
Robert A. Gusman.

(TG019)

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Robert A. Gusman

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

December 16, 1997

Florida Public Service Commission
2540 Stunned Oak Boulevard
Tallahassee, Florida, 32399-0850

GENTLEMEN,

PLEASE CANCEL MY CERTIFICATE AS I NEVER WENT INTO THE COIN OPERATED
PAYPHONE BUSINESS AS ANTICIPATED.

Sincerely,



ROBERT A. GUSMAN

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TG019 P173 997 904
 Robert A. Gusman
 13633 Deering Bay Drive
 Coral Gables, FL 33158-2815

DEPOSIT DATE

~~D 6 7 6~~ - ~~DEC 2 9 1997~~

Please Complete Below if Address Has Changed

FOR PSC USE ONLY	
Check# <u>1027</u>	
\$ <u>50.00</u>	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date <u>12/16/97</u>	
Initials of Preparer <u>AR</u>	

PERIOD COVERED:
 04/15/1997 TO 12/31/1997

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u> </u>
2.	Gross Intrastate Revenue	<u> </u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(<u> </u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u> </u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u> </u>
6.	Penalty for Late Payment	<u> </u>
7.	Interest for Late Payment	<u> </u>
8.	TOTAL AMOUNT DUE	\$ <u> </u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to section 367.06, 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.

Robert A. Gusman
 (Signature of Company Official)
ROBERT A. GUSMAN
 (Please Print Name)

 (Title)
 Telephone Number 305-252-1990
 F.E.I. No.

12/16/97
 (Date)