

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO
12/31/2000

*RJR
Pocket 010482*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF730 01 MAY 10 PM 1:23
Target Management, Inc.
1335-A St. Lucie West Blvd., #307
Port St. Lucie, FL 34986-2140
DEPOSIT DATE
D068 MAY 11 2001

FOR PSC USE ONLY	
Check#	1408
\$	57.00
\$	15.00
\$	3.00
Postmark Date	5/8/01
Initials of Preparer	MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 15,757. ⁰⁰
2.	Gross Intrastate Revenue	15,757. ⁰⁰
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(17,894. ⁰⁰)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 12,620. ⁰⁰
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50. ⁰⁰
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12. ⁵⁰
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	12. ⁵⁰
8.	TOTAL AMOUNT DUE	\$ 75. ⁰⁰

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 23

* These amounts must be intrastate only and must be verifiable.

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

[Signature] (Signature of Company Official) PRES (Title) 3/20/01 (Date)
Anthony Sama (Preparer of Form - Please Print Name) Telephone Number (561) 260-8761 Fax Number (561) 461-5323
 DOCUMENT NUMBER-DATE F.E.I. No. 65-0643983
05898 MAY 11 2001