

Interexchange Company Regulatory Assessment Fee Return **ORIGINAL**

STATUS:
 _____ Actual Return
 _____ Estimated Return
 _____ Amended Return

*P. Isler
PCA*

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TJ434-02-0-R
 Spectracom, Inc.
 170 Celestial Way, 3-4
 Juno Beach, FL 33482-364

020000-PU

cc: P. Isler

FOR PSC USE ONLY
 Check# *2142*
 \$ *50.00* 0603001
 003001
 \$ _____ P _____ 0603001
 004011
 \$ _____ I _____
 Postmark Date: *4/14/02*
 Initials of Preparer: *MC*

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

DEPOSIT DATE
D203 APR 09 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE	0	

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

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

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller (X) Other: *company no longer exists*

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ *0* for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ *0* Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: *Robert W. Pearce* (Title) *President* (Date) *4-1-02*
 Preparer of Form - Please Print Name: *Robert W. Pearce*
 Telephone Number *561 623-3654* Fax Number _____
 F.E.I. No. *65-0333459*

Spectracom, Inc.

170 Celestial Way
Court 3-Suite 4
Juno Beach, FL 33408

Phone: 561-625-3654
FAX: 561-625-3390

April 1, 2002

Dear Ms. Isler:

Your recent letter to me was incorrect in stating that I received a 2001 RAF form and a 2002 RAF form via fax on February 28, 2002. I only received one form and sent it in with the check as instructed by a member of the PSC staff. Be that as it may, please cancel Spectracom's certificate as soon as possible. The Florida corporation has been decertified and has done no business since 2000. It really doesn't seem fair to have to pay this \$50.00 fee when you get wrong information from your office. Oh well!

If you need anything further from me please call me at 561-818-8002. Thank you in advance for your prompt attention in this matter.

Sincerely,



Robert Pearce