

030000 - RU

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions for Filers Form)

STATUS:

*P. Isler
CCA*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
08/19/2002 TO 12/31/2002

TG908-02-0-R Rose Manor, A.L.F., Inc. 840 S.W. 8th Street Pompano Beach, FL 33060-8214 CC: P. Isler	DEPOSIT DATE JUN 11 2003
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FOR PSC USE ONLY	
Check# <u>3243</u>	
\$ <u>50.00</u>	0603002
\$ <u>12.50</u>	003001
\$ <u>2.50</u>	0603002
	004011
Postmark Date <u>6/16/03</u>	
Initials of Preparer <u>MC</u>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ - 0 -
2.	Gross Intrastate Revenue	- 0 -
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(- 0 -)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ - 0 -
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	- 0 -
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$ 65.00

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

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 1

* 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)

Paul Weiss
(Preparer of Form - Please Print Name)

Owner (Title) 6/1/03 (Date)

Telephone Number 954 943-4606 Fax Number 954 943-5016

F.E.I. No. 65-0993259

DOCUMENT NUMBER

05155 JUN 11 8