

9108 H-TC

ORDER NO. 24267
DOCKET NO. 900770-TP
PAGE 10

DEPOSIT TREAS. REC. DATE
0236 AUG 12 '91

ORIGINAL PAY TELEPHONE APPLICATION

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

Michael R. Sissine/Sissine's Office Systems, Inc.

(LEGAL NAME OF APPLICANT)

Sissine's Office Systems, Inc.

(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS

MAILING ADDRESS

2302 Smullian Trail South

6123 Phillips Highway

Jacksonville, FL 32217

Jacksonville, FL 32216

3. APPLICANT IS (CHECK ONE)

(A) PARTNERSHIP (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

(D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

See Attached

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

FILE NUMI COMPANY STATUS WILL BE DELINQUENT AFTER JULY 1ST.

<p>CORPORATION ANNUAL REPORT 1991</p>		<p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>
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FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # F55022 (0)**
ZIP + 4 PRESORT

SISSINE OFFICE SYSTEMS, INC.
6123 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32216-5920

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address
22	P.O. Box No.
23	City and State
24	Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 11/17/1981	4. FEI Number 59-2139556	FEI Number Applied For	5. SB 75 Certificate of Status Desired <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED
		FEI Number Not Applicable	

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P	SISSINE, MICHAEL R	6123 PHILLIPS HIGHWAY	JACKSONVILLE, FL 00000
V/P	SISSINE, MADELYNNE	6123 PHILLIPS HWY.	JACKSONVILLE, FL.

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7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (I.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

9. TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Michael R. Sissine TITLE: President PHONE: (904) 739-0540

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

N/A

MANUFACTURED BY: _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 100

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

I will give equal access to all long distance companies in this area.

13. (COMPLETE, SIGN.)

I, MICHAEL R. SISSINE, President, ATTEST TO THE
(NAME) (TITLE)

ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00-PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.


(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: August 7, 1991

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(LEGAL NAME OF APPLICANT)

Bissine's Office Systems, Inc.

(NAME TO BE SHOWN ON CERTIFICATE)

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See Attached

6. IF APPLICANT IS A PARTNERSHIP, LIST

BISSINE'S OFFICE SYSTEMS, INC.

PHONE 804-730-0840
6123 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32216

3074

63-234/630
BRANCH 230

PAY TO THE ORDER OF

Florida Public Service Commission 100.00

One hundred & 00/100 DOLLARS

Bank/Florida, N.A.



For P.S. Filing Fee

[Handwritten Signature]

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APPLICANT ACKNOWLEDGEMENT CARD

Applicant Michael R. Sissine

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature 

Title President

Date August 7, 1991

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.