FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT
	Protel Telecommunications Corp.
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Same as Legal Name
_	
3.	ADDRESS OF THE APPLICANT(S)
	STREET 3595 Sheridan Street, Suite 208
	CITY Hollywood
	STATE & ZIP Florida 33021
4.	TYPE OF ORGANIZATION (CHECK ONE)
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.[] B. PARTNERSHIP C. CORPORATION [x] D. DOING BUSINESS UNDER A FICTITIOUS NAME []
5.	PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.) N/A
5 .	IF APPLICANT IS A PARTNERSHIP ATTACH: N/A
	A. A COPY OF THE PARTNERSHIP AGREEMENT. B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

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REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE 06502 JUNI68

7.	IF APPLICANT IS A CORPORATION:
	A. ATTACH PROOF OF INCORPORATION B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA N/A C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.
	NAME United Corporate Services, Inc.
	155 N.W. 167th Street, Suite 205
	ADDRESS North Miami Beach, FL 33169
8.	NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:
	NAME: Richard Calabrese, Jr.
	TITLE: President
	PHONE: (305) 983-2562
9.	HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
10.	IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER. NA.
	# 24212 ORDER Number
	Cer+ = 2639 4/1/91 130461

13.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
14.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	A. PERSONALLY B. FULL-TIME TECHNICIAN [] C. PART-TIME TECHNICIAN [] D. SERVICE/REPAIR/MAINTENANCE CONTRACT [] E. OTHER, DESCRIBE [x]
	Subcontractor will be employed until 100 phones are
	installed, at which time full time technicians will be
	_employed.
15.	EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:
	Either through 950-800 Access or 0

APPLICANT ACKNOWLEDGEMENT CARD

Florida Require Telephe	owledge receipt and understanding of the Public Service Commission's Rules and ements relating to my provision of Payone Service.
Signat	ure Man II
ritle .	President
	June 10 , 1993

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.

June 11, 1993

Florida Public Service Commission Division of Administration Bureau of Fiscal Services 101 East Gaines Street Tallahassee, FL 32399-0866

Protel COMMUNICATIONS CORPORATION

Re:

Protel Telecommunications Corp.-Application for Certificate to Provide Pay Telephone Service Within the State of Florida

Gentlemen:

In connection with the referenced application, I have enclosed an original application and acknowledgement card together with five (5) copies thereof, as well as a filing fee in the amount of \$100.00 payable to the "Florida Public Service Commission". Please call me if you have any questions.

Glenn S. Howarth, Esq. Authorized Signatory

Very truly yours

PROTEL TELECOMMUNICATIONS CORP.

OPERATING ACCOUNT

10.E. SOTH-ST:

NEW YORK, NY 10022

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Authorized Signatoriee

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