

0250 - JAN 09 '98

960033-TR

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

RONALD George OKOLICHANY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

RONCO TELECOMMUNICATIONS

3. ADDRESS OF THE APPLICANT(S)

STREET 417 NorthLAKE Drive

CITY NORTH PALM BEACH

STATE & ZIP FLORIDA , 33408

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: []
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: []

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: []

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [X]

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

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

NAME: RON OKOLICHANI

TITLE: OWNER

PHONE: 407-848-0320

6. 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.

NO

7. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLORIDA

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

FLORIDA

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[X]
LONG DISTANCE	[X]
COIN	[X]
CALLING CARD	[X]
CREDIT CARD	[X]
OTHER, DESCRIBE	

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

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[X]
FULL-TIME TECHNICIAN	
PART-TIME TECHNICIAN	
SERVICE/REPAIR/MAINTENANCE CONTRACT	
OTHER, DESCRIBE	

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

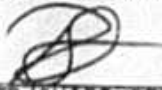
Yes

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

Yes

I, Bob Okolichant, owner
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.




(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1-5-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Ron Okolichany

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 owner

Date 1-5-96

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.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. ROXCO Telecommunications
Fictitious Name to be Registered

2. 417 Northlake Drive
Mailing Address of Business

City N. Palm Beach, Florida 33408
Zip Code

3. Florida County Palm Beach

4. FEI Number: _____

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s) (use an attachment if necessary):

1. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____
SS# _____

2. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____
SS# _____

B. Owner(s) of Fictitious Name if Corporation(s) (use an attachment if necessary):

1. ROX OKOLICHANY, INC.
Corporate Name
417 Northlake Drive
Address
N. Palm Beach, FL. 33408
City State Zip Code
Florida Corporate Document No.: M71774
FEI Number: 65-0039769
 Applied for Not Applicable

2. _____
Corporate Name
Address _____
City State Zip Code _____
Florida Corporate Document No.: _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 1-5-95
Signature of Owner Date
Phone Number: 407-688-2215

Signature of Owner _____ Date _____
Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner _____ Date _____
Signature of Owner _____ Date _____

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

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NAME _____

ADDRESS _____

RON OKOLICHANY, INC.
PH. 407-848-0320
417 NORTHLAKE DRIVE
NORTH PALM BEACH, FL 33408

0966

1-5 1996

When registered with

FL. PUBLIC SERVICE COMMISSION \$ 100.00

One Hundred 00 00 DOLLARS



800-668-8000
800 U.S. Highway 1
North Palm Beach, Florida 33408

FL. P.U.C. LIC. APP.