

96 0125-TC

1-26-95
David Holwadel
Suite 2-1191
5200 N. Federal Hwy.
Ft. Lauderdale, FL
33308

Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL
32399-0850

PATS Cert 4229

granted by
order
PSC-95-0962-FOF-TC

Recording Dept.,

I recently received a Pay Telephone Service Provider
Regulatory Assessment Fee Return with a partially
complete address.

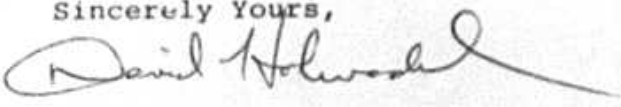
I'm confused, since I never received a certificate .

I have enclosed the only thing I received regarding this
matter. A Letter of acknowledgement of receipt of
application filed on June 9, 95 .
Please check your mailing address to see if its complete.
The last letter, a copy enclosed, has a incomplete
address. Maybe this is the reason I never received a
approved certificate ?

Regardless, I never needed a certificate since we didn't
go into bussiness . Just take me off the list if
I'm on a list of Pay Telephone Providers.

I appreciate your attention to this matter and trust
you will expedite its clarification .

Sincerely Yours,



David Holwadel

DOCUMENT NUMBER-DATE
01250 FEB-5 96
FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 07/01/95 TO 12/31/95

TF436
 David Holwadel
 5200 North Federal Highway
 Ft. Lauderdale, FL 33308-3253

| FOR PSC USE ONLY | |
|----------------------|------------------------|
| Check# | _____ |
| \$ _____ | 0603002 003001 |
| \$ _____ | P 0603002 004010 |
| \$ _____ | I |
| Postmark Date | _____ |
| Initials of Preparer | _____ |

Please Complete Below If Address Has Changed

 (Name of Company)

 (Address)

 (City/State)

 (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|--|-----------|
| 1. | Gross Operating Revenue | \$ _____ |
| 2. | Gross Intrastate Revenue | _____ |
| 3. | LESS: Amounts Paid for Services to Other Telephone Companies (Attach Listing)* | (_____) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ _____ |
| 5. | Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015) | _____ |
| 6. | LESS: APPROVED Prior-Period Overpayment | (_____) |
| 7. | NET REGULATORY ASSESSMENT FEE DUE | _____ |
| 8. | Penalty for Late Payment | _____ |
| 9. | Interest for Late Payment | _____ |
| 10. | TOTAL AMOUNT DUE | \$ _____ |

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

11. Number of pay telephones in operation at close of period covered by this Return _____

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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 of Company Official)

 (Title)

 (Date)

 (Please Print Name)

 Telephone Number ()

 F.E.I. No.

Brens

The order granting his
Cert was sent to the
correct address and was
not returned.

I don't know why
Fiscal's RAE form
~~but~~ left the suite
number off on their
address.

JD



Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
 _____ Estimated Return

PERIOD COVERED:
 07/01/95 TO 12/31/95

TF436
 David Holwadel
 5200 North Federal Highway
 Ft. Lauderdale, FL 33308-3253

Please Complete Below if Address Has Changed

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603002
 003601
 \$ _____ P
 0603002
 004010
 \$ _____ I
 Postmark Date _____
 Initials of Preparer _____

 (Name of Company)

 (Address)

 (City/State)

 (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|--|-----------|
| 1. | Gross Operating Revenue | \$ _____ |
| 2. | Gross Intrastate Revenue | _____ |
| 3. | LESS: Amounts Paid for Services to Other Telephone Companies (Attach Listing)* | (_____) |
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| 6. | LESS: APPROVED Prior-Period Overpayment | (_____) |
| 7. | NET REGULATORY ASSESSMENT FEE DUE | _____ |
| 8. | Penalty for Late Payment | _____ |
| 9. | Interest for Late Payment | _____ |
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 (Signature of Company Official)

 (Title)

 (Date)

 (Please Print Name)

Telephone Number (_____)

F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHO MUST FILE:** Each regulated company under the jurisdiction of the Florida Public Service Commission (Commission) must file for any part of a six-month period in which a certificate was active and which preceded either of the due dates reflected in the following paragraph.

2. **WHEN TO FILE:** To avoid payment of penalties and interest, this Regulatory Assessment Fee Return form must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

When July 30 or January 30 falls on a Sunday, remittance may be made on July 31 or January 31, respectively, without penalty.

3. **FEES:** Each Commission-regulated company shall pay the percentage referenced in the parenthesis on Line 5 of its gross operating revenues derived from intrastate business. (See Rule 25-4.0161(1), F.A.C.) Each Pay Telephone Service Provider may deduct the amounts paid for services to other telephone companies. Each Pay Telephone Service Provider is to include a listing of all amounts paid for services to other telephone companies where a deduction is taken. (Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida.) Do not consider any expenses, taxes, or uncollectibles in these amounts.

4. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 8). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 9).

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the Company to show cause why the company should not be assessed a penalty and/or why the company's certificate should not be canceled.

5. **EXTENSION:** A company, for good cause shown in a written request, may be granted an extension for a period not to exceed 30 days. Such request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), in sufficient time to allow Commission action prior to the normal due date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

6. **AUTHORITY:** The authority to collect regulatory assessment fees is granted to the Commission by Sections 350.113, 364.336, and 364.337, Florida Statutes.

7. **REGULATORY ASSESSMENT FEE DUE:** Amounts are due and payable to the Commission within 30 days of the end of each period. If there are no revenues OR if revenues are insufficient to generate a minimum annual fee, on June 30, please reflect a "0" on Line 5 on the reverse side. A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

8. **FEE ADJUSTMENTS:** Computation errors and/or differences in gross operating revenues reported for regulatory assessment fee purposes and those reported in the annual report may cause adjustments to amounts paid to the Commission. You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment.

9. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. However, if you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

10. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (904) 413-6480.

For assistance with Item 11, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, by changing the attention line.

Brens

The order granting his
Cert was sent to the
correct address and was
not returned.

I don't know why
Fiscal's RAE form
~~left~~ left the suite
number off on their
address.

JD

