

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/6/95

Docket No. 960131-TC

1. Division Name/Staff Name Communications/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 426 by Cypress Shell.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Cypress Shell _____

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

Date: 1/31/96

Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: CYPRESS SHALL

Print your name: JAMES COVETAN

Your signature: 

Pay Telephone Service Provider Regulatory Assessment Fee Return

P.M.

STATUS:

Actual Return
Estimated Return

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TC344
Cypress Shell
6201 Powerline Road
Ft. Lauderdale, FL 33309-2017

FOR PSC USE ONLY	
Check#	
\$ <u>C</u>	0603002
	003001
\$	P
	0603002
	004010
\$	1
Postmark Date	<u>11/21/95</u>
Initials of Preparer	<u>LSF</u>

Please Complete Below If Address Has Changed

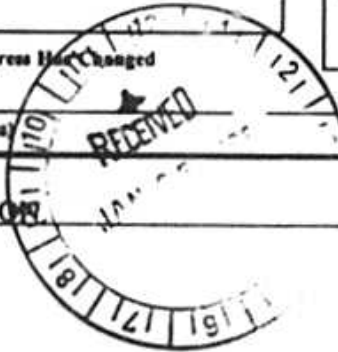
(Name of Company)

(Address)

(City/State)

(Zip)

LIN. 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	_____



PLEASE CANCEL THIS CERTIFICATE. PHONES WERE SOLD TO PHONE PLUS INC (59-2772052) AND ARE BEING REPORTED ON THEIR RETURN.

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)

ACCOUNTANT
(Title)

1/9-96
(Date)

(Please Print Name)

Telephone Number () _____

F.E.I. No. _____