ACK \_\_\_\_

P. O. BOX 9511 36TH

MAR 0 1 '96'

Name of corporation, partnership, cooperative, joint Venture or sole proprietorship:

ALCHIR COMMUNICHTICAS CORPORETOR Name under which the applicant will do business

(fictitious name, etc.):

ANCHER COMMUNICATION

National address (including street name & number, post office box, city, state and zip code).

Florida address (including street name & number, post office box, city, state and zip code):

(5/2 /4 7/ Styre ( 10 5 )

Structure of organization;

(X) Corporation ( ) Individual ) Foreign Corporation ( ) Foreign Partnership ) General Partnership ( ) Limited Partnership ( ) Other, \_

- If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.
  - (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.
  - Indicate if the individual or any of the (b) partners have previously been:
    - (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

(2) officer, director, partner or stockholder in any other Florida

nd hy not.

24.473, and 25-

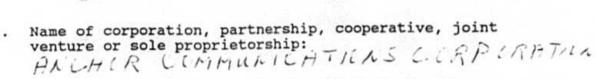
associated

DOCUMENT NUMBER-DATE

02585 MAR-18

FPSC-RECORDS/REPORTING

7 1 MAR 0 1 '96'



 Name under which the applicant will do business (fictitious name, etc.):

ANCHER COMMUNICATION

5. National address (including street name & number, post office box, city, state and zip code).

6. Florida address (including street name & number, post office box, city, state and zip code):

7. Structure of organization; 54209

( ) Individual ( ) Corporation ( ) Foreign Corporation ( ) Foreign Partnership ( ) General Partnership ( ) Limited Partnership ( ) Other, \_\_\_\_\_\_

- If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.
  - (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.
  - (b) Indicate if the individual or any of the partners have previously been:
    - (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.
    - (2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

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FORM PSC/CMU 31 (11/95)
Required by Commission Rule Nos. 25-24.471, 25-24.473, and 25-24.480(2).

This is an application for (check one):

(√) Original Authority (New company). ( ) Approval of Transfer (To another certificated

( ) Approval of Assignment of existing certificate

(To an uncertificated company).

( ) Approval for transfer of control (To another certificated company).

- Select what type of business your company will be 2. conducting (check all that apply):
  - ( ) Facilities based carrier company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
  - ( ) Operator Service Provider company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
  - ( ) Reseller company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
  - (V) Switchless Rebiller company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
  - ( ) Multi-Location Discount Aggregator company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers. Then offers the resold service by enrolling unaffiliated customers.

Required by Commission Rule Nos. 25-24.471, 25-24.473, and 25--2-24.480(2).