

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 4/16/96

Docket No. 960495-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR _____

3. OOR _____

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 4285 by AuBe Group, Inc.

5. Suggested Docket Walling 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)

AuBe Group, Inc.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.



Date: 4-13-96

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.

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
96 APR 16 AM 8:29
MAIL ROOM

Print name of company: AUBE Group INC

Print your name: ANDREY LEARY V.P.

Your signature: *Andrey Leary*

*This Company Corp. has been
Dissolved as of Dec 1995 -*