

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

961176-TC

1. LEGAL NAME OF THE APPLICANT

Jamal Mansour Enterprises, INC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Westshore Shell

3. ADDRESS OF THE APPLICANT(S)

STREET

2-01 N. Westshore Blvd.

CITY

Tampa

STATE & ZIP

FL 33609

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:

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: Yamal Mansour
TITLE: President
PHONE: (813) 690-9700

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 6 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

N/A

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

N/A

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

N/A

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

N/A

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[
✓
✓
✓
✓
✓
]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25.

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

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

[
✓
✓
✓
]


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

Yes

14. 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, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. 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: 9/24/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Jamal Mansour

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Jamal Mansour

Title President

Date 9/26/96

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.

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of JAMAL MANSOUR ENTERPRISES, INC., a corporation organized under the Laws of the State of Florida, filed on July 17, 1989, as shown by the records of this office.

The document number of this corporation is L02667.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
18th day of July, 1989.



CR2EO22 (6-88)

Jim Smith
Jim Smith
Secretary of State

ARTICLES OF INCORPORATION
OF
JAMAL MANSOUR ENTERPRISES, INC.

FILED
NOV 17 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber of these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be JAMAL MANSOUR ENTERPRISES, INC.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00, per share.

ARTICLE IV. ADDRESS

The street address of the business office of the corporation shall be 201 North Westshore Blvd., Tampa, Florida 33607.

ARTICLE V. REGISTERED AGENT

The name and address of the Registered Agent of this corporation is JAMAL MANSOUR, 201 North Westshore Blvd., Tampa, Florida 33607.

ARTICLE VI. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII. SPECIAL PROVISION

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and Regulations issued thereunder. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VIII. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash or any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have

the right to purchase his prorata share thereof at the price at which it is offered to others.

ARTICLE IX. DIRECTORS

Initially, there will be no directors. The affairs of the corporation will be managed by the shareholders until such time directors are designated.

ARTICLE X. OFFICERS

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation, or until his successors are elected or appointed is:

JAMAL MANSOUR
201 North Westshore Blvd.
Tampa, Florida 33607
President

ARTICLE XI. STOCK

The amount of stock shall be issued as follows: FIFTY-ONE (51) shares to JAMAL MANSOUR and FORTY-NINE (49) shares authorized unissued

FILED
1989 JUL 17 11:19 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE XII. SUBSCRIBER

The name and street address of the subscriber of these Articles of Incorporation is: JAMAL MANSOUR, 201 North Westshore Blvd., Tampa, Florida, 33607.

IN WITNESS WHEREOF I have set my hand and seal this 5th day of July, 1989.

July

Jamal Mansour
JAMAL MANSOUR

Sworn to and Subscribed before me this 5th day of July, 1989.

Rebecca J. Anttil
Notary Public

My commission expires: REBECCA J. ANTIL, NOTARY PUBLIC
STATE OF FLORIDA
MY COMMISSION EXPIRES 2/4/93



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

July 18, 1989

ALBERT C. WILLIAMS, JR., ESQ.
SUITE 313
1311 N. WESTSHORE BLVD.
TAMPA, FL 33607

Dear MR. WILLIAMS:

The Articles of Incorporation for JAMAL MANSOUR ENTERPRISES, INC. were filed on July 17, 1989, and assigned document number L02667.

Your check for \$70.00 covering the various fees has been received.

Enclosed is a certified copy of the articles.

A corporation annual report will be due this office between January 1 and July 1 of next year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-424-3676 and requesting form SS-4.

Should you have question regarding corporations, please telephone (904)487-6052, the New Filing Section.

KAREN GIBSON
Division of Corporations

ARTICLE XI
Management

The business of the Corporation shall be managed by its Board of Directors.

ARTICLE XII
Removal of Directors

Any director of the Corporation may be removed at any annual or special meeting of the shareholders by the same vote as that required to elect a director.

3. The number of shares of the Corporation outstanding at the time of adoption was 51, and the number of shares entitled to vote thereon was 51.

4. The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows:

Class

Number of Shares

Common

100

5. The number of shares voted in favor of such amendment was 51, and the number of shares voted against such amendment was -0-.

Dated: February 27, 1990 (Date approved by Shareholders).

JAMAL MANSOUR ENTERPRISES, INC.

BY: Jamal Mansour
JAMAL MANSOUR, President

Attest: Jamal Mansour
JAMAL MANSOUR, Secretary

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared JAMAL MANSOUR, who is to me well known to be the person described and who subscribed the foregoing Articles of Amendment to the Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at Tampa in said County and State, this 27th day of February, 1990.

Richard A. Savage
NOTARY PUBLIC
Hillsborough County, Florida
Commission Expires: _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES APRIL 29, 1992
ISSUED THROUGH NOTARY PUBLIC UNDERWRITERS