

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

11/24/96
#761
\$100.00
LAF

1. LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. REC. DATE
ARGYLE CAPITAL HOLDINGS, INC ENC 8 NOV 25 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
ARGYLE COMMUNICATIONS 961410-TC

3. ADDRESS OF THE APPLICANT(S)
STREET 155 S. MIAMI AVENUE-PH 1
CITY MIAMI, FL 33130
STATE & ZIP FL 33130

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME. []
B. PARTNERSHIP []
C. CORPORATION [x]
D. DOING BUSINESS UNDER A FICTITIOUS NAME [x]

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.
NA

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME OLIVER J. WILLIAMS

ADDRESS 155 S. MIAMI AVENUE-PH 1, MIAMI, FL 33130

8. NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: OLIVER J. WILLIAMS

TITLE: PRINCIPAL

PHONE: (305) 758-8512

9. 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

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

NA

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLORIDA

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

FLORIDA

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

NA

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

NA

12. DESCRIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

CREDIT CARD ACTIVATED PHONE/FAX MACHINE UTILIZING

MAJOR CREDIT CARDS, and PHONE CARDS.

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

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

- A. PERSONALLY [X]
- B. FULL-TIME TECHNICIAN []
- C. PART-TIME TECHNICIAN [X]
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT []
- E. OTHER, DESCRIBE []

15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

THEY ARE PROGRAMMED TO, OR THEY MAY ACCESS OTHER LDC'S
MANUALLY.

I, OLIVER J. WILLIAMS, PRINCIPAL (TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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: 11/20/96

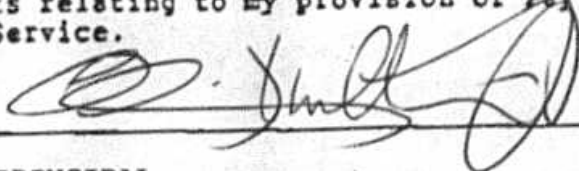
... AND REGULATIONS
... COMPLY WITH ALL
... REGARDING THE PAY
... A NON-REFUNDABLE
... APPLICATION
... PAY A REGULATORY
... (YEAR), FILE AN
... GROSS RECEIPTS
... COMMISSION ADVISED OF
... ABOVE WITHIN TEN

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ARGYLE CAPITAL HOLDINGS, INC.

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

Signature



Title PRINCIPAL

Date 11/20/96

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.



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of ARGYLE CAPITAL HOLDINGS, INC., a corporation organized under the Laws of the State of Florida, filed on March 23, 1990, as shown by the records of this office.

The document number of this corporation is L60868.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
29th day of March, 1990.



CP12E022 (8-89)

Jim Smith
Jim Smith
Secretary of State

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of ARGYLE COMMUNICATIONS, registered with the Department of State on September 14, 1995, as shown by the records of this office.

The Registration Number of this Fictitious Name is G95257000357.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Fifteenth day of September, 1995



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

7 FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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RIVER, J. FL 33130

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