

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

76-1437

1. LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. REC. DATE
Jay Cohen D411  DEC 02 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Ocean Beach Properties Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 860 Collins Avenue
CITY M.B., FL 33139
STATE & ZIP _____

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 Jay Cohen
ADDRESS 860 Collins Ave
M.B., FL 33139

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: Jay Chow
TITLE: President
PHONE: 305-531-5541 F-1 400

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.

NA

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

NO

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

NO

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

NO

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.

NONE

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

| | |
|-----------------|---|
| LOCAL | [<input checked="" type="checkbox"/>] |
| LONG DISTANCE | [<input checked="" type="checkbox"/>] |
| COIN | [<input checked="" type="checkbox"/>] |
| CALLING CARD | [<input checked="" type="checkbox"/>] |
| CREDIT CARD | [<input checked="" type="checkbox"/>] |
| OTHER, DESCRIBE | [] |

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5

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

| | |
|-------------------------------------|---|
| PERSONALLY | [<input checked="" type="checkbox"/>] |
| FULL-TIME TECHNICIAN | [] |
| PART-TIME TECHNICIAN | [<input checked="" type="checkbox"/>] |
| 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 10XXX+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: _____

11/25/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Ocean Beach Properties 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 [Handwritten Signature]

Title President

Date 11/25/96

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.

PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original plus two (2) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Gunter Building, 2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
 DUE ON OR BEFORE 8/7/96 \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$375)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DEC 29 1995
 MAIL ROOM

DOCUMENT # M61377 (1)



OCEAN BEACH PROPERTIES, INC.

Principal Place of Business: 1510 COLLINS AVE MIAMI BCH FL 33139 US
 Mailing Address: 1510 COLLINS AVE MIAMI BCH FL 33139 US

3 Date Incorporated or Qualified: 10/23/1987
 3a Date of Last Report: 05/01/1995

2 Principal Place of Business: 21 State Apt # etc: 22 City & State: 23 Zip: 24 Country: 25
 2a Mailing Address: 26 State Apt # etc: 27 City & State: 28 Zip: 29 Country: 30

4 FEI Number: 65-0011041
 5 Certificate of Status Desired: \$8.75 Additional Fee Required
 6 Election Campaign Financing: \$5.00 May Be Added to Fees
 8 This corporation has liability for intangible tax under s. 199.01, Florida Statutes: Yes No

9 Name and Address of Current Registered Agent: COHEN, JAY 19707 TURNBERRY WAY APT 28C NO MIAMI BCH FL 33180

10 Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code:

11 Pursuant to the provisions of Sections 607.0202 and 607.0205, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

| 12 OFFICERS AND DIRECTORS | | 13 ATTORNEY, ACCOUNTANT, TAXPAYER, ETC. AND OTHER PERSONS | |
|--|---------------------------------|---|--|
| 12.1 TITLE: P | <input type="checkbox"/> DELETE | 13.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.2 NAME: COHEN, JAY T. | | 13.2 NAME: | |
| 12.3 STREET ADDRESS: 19707 TURNBERRY WAY APT. #28C | | 13.3 STREET ADDRESS: | |
| 12.4 CITY, ST, ZIP: N.M.B. FL | | 13.4 CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.5 TITLE: | <input type="checkbox"/> DELETE | 13.5 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.6 NAME: | | 13.6 NAME: | |
| 12.7 STREET ADDRESS: | | 13.7 STREET ADDRESS: | |
| 12.8 CITY, ST, ZIP: | | 13.8 CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.9 TITLE: | <input type="checkbox"/> DELETE | 13.9 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.10 NAME: | | 13.10 NAME: | |
| 12.11 STREET ADDRESS: | | 13.11 STREET ADDRESS: | |
| 12.12 CITY, ST, ZIP: | | 13.12 CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.13 TITLE: | <input type="checkbox"/> DELETE | 13.13 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.14 NAME: | | 13.14 NAME: | |
| 12.15 STREET ADDRESS: | | 13.15 STREET ADDRESS: | |
| 12.16 CITY, ST, ZIP: | | 13.16 CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.17 TITLE: | <input type="checkbox"/> DELETE | 13.17 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12.18 NAME: | | 13.18 NAME: | |
| 12.19 STREET ADDRESS: | | 13.19 STREET ADDRESS: | |
| 12.20 CITY, ST, ZIP: | | 13.20 CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14 I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, or that my name appears in back 12 or back 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 6/3/96 305-531-5541

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. REC. DATE
Jay Cohen D411 000000 DEC 02 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Ocean Beach Properties Inc.

3. ADDRESS OF THE APPLICANT(S)
 STREET 860 Collins Avenue
 CITY M.B., FL 33139
 STATE & ZIP _____

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
 OWN NAME.

DOCUMENTATION: No other documentation needed.

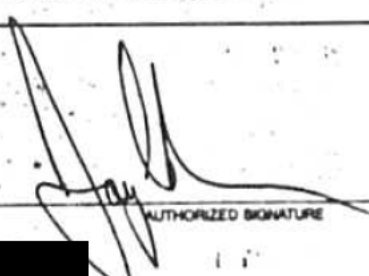
B. PARTNERSHIP:

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 Jay Cohen

| | | |
|---|---|--|
| OCEAN BEACH PROPERTIES D/B/A PARISIAN HOTEL APARTMENTS 860 COLLINS AVE. MIAMI BEACH, FL 33139 | OCEAN BANK CORAL GABLES, FL 63-1139 / 880 | 1113 |
| | | 11/26/96 |
| PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION | | \$ 100.00 |
| One Hundred and 00/100 | | DOLLARS |
| MEMO TO FLORIDA PUBLIC SERVICE COMMISSION APPLICATION FEE | | AUTHORIZED SIGNATURE  |