FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. NEC. DATE
CAN-An Telecommunications, 186 1867 97
NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
CAN. AM Telecommunications, INC. 970170-TC
ADDRESS OF THE APPLICANT(S)
STREET 5401 W. Kennedy Blud, Suite 740
CITY TAMPA
STATE & ZIP FLORIDA 33615
TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: []
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: []

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

D1443 FEB-75

FPSC-RECORDS/REPORTING

PROV RESP	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS ONSIBLE FOR COMMISSION CONTACTS:
NAME	: W. Daniel Clark
TITL	E: Vice - President
PHON	E: 941-755-170%
THE EVER FLOR	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
Ye	5
IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE IFICATE HOLDER AND CERTIFICATE NUMBER.
14.0	Daniel Clark and Roger W. Young, Directors,
	Providence Telesys, Inc. Cert. # 4272
AS	Providence Telesys, INC. Cert. 4212
-	
LIST	THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
	None
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	None
c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
	Nove

D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
FOUND	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR VIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY TROM PENDING PROCEEDINGS.
PLEAS	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
COIN CALL! CRED!	DISTANCE ING CARD IT CARD R, DESCRIBE
	THE STATE OF THE PARTY OF THE P
	DSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE HE FIRST YEAR:
IN TH	

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
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)

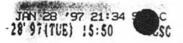
DATE: 2/1/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant CA	N-Am Tele	COMMUNIC	ATIOH	S, INC	
I acknowledge Service Commiss of Pay Telephor	ion's Rules a	understanding nd Requirements	of the	e Florida ng to my pr	Public ovision

Signature	W Daniel Cl	ach
	President	
Date 2	1/97	

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.





Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of CAN-AM TELECOMMUNICATIONS, INC., a Florida corporation, filed on January 27, 1997, as shown by the records of this office.

The document number of this corporation is P97000007859.

Giben under mg hand and the Great Seal of the State of Morion. at Anlinipassee, the Ampitol. this the Twonty-sighth day of January, 1997



CR2EO22 (2-96)

Sandra B. Martham Secretary of State

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. HEG.

LEGAL NAME OF THE APPLICANT

ADDRESS OF THE APPLICANT(S)

CAN-An Telecommunications, Just NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

CAN. AM Telecommunications, INC.

1.

2.

3.

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