

D470 FEB 27 1997

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970259-TC

Original

1. LEGAL NAME OF THE APPLICANT

Richard A. Swentek

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

ARLEN GROUP, INC.
15 STILLWRIGHT WAY
KEY LARGO, FL 33037

3. ADDRESS OF THE APPLICANT(S)

STREET

15 Stillwright way

CITY

Key Largo,

STATE & ZIP

FL. 33037

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

ARLEN GROUP, INC.
15 STILLWRIGHT WAY
KEY LARGO, FL 33037

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

RECEIVED
MAIL ROOM
97 FEB 27 11 2 49

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

NAME: Richard A. Swentek
TITLE: President
PHONE: 305-453-0303

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 . never applied before

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.

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: 15

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

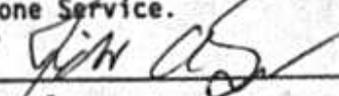
14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Richard A. Swentek

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 President

Date FEB 25 1997

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 from the records of this office that ARLEN GROUP, INC. is a corporation organized under the laws of the State of Florida, filed on April 11, 1990.

The document number of this corporation is L65066.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1992, that its most recent annual report was filed on July 29, 1992, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
4th day of August, 1992.



CR2EO22 (2-91)

Jim Smith

Jim Smith
Secretary of State

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Applicant Richard A. Swentek

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

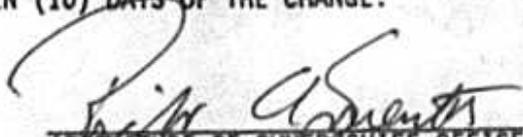
Signature *Richard A. Swentek*

Title President

Date FEB 25 1997

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.

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: FEB 25 1997

State of Florida



Department of State

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at Tallahassee, the Capital, this the
4th day of August, 1992.



CR2EO22 (2-91)

Jim Smith

Jim Smith
Secretary of State

NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L65066**
1. Corporation Name
ARLEN GROUP, INC.

(7)



Principal Place of Business
**15 STILLWRIGHT WAY
KEY LARGO FL 33037**

Mailing Address
**15 STILLWRIGHT WAY
KEY LARGO FL 33037-2928**

3. Date Incorporated or Qualified 04/11/1990	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0340847	Applied For Part Applicant
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199(3)(c) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SWENTEK, RICHARD A.
15 STILLWRIGHT WAY
KEY LARGO FL 33037**

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature should be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CP SWENTEK, RICHARD A. 15 STILLWRIGHT WAY KEY LARGO FL	<input type="checkbox"/>
NAME	DST SWENTEK, SANDRA N 15 STILLWRIGHT WAY KEY LARGO FL	<input type="checkbox"/>
STREET ADDRESS	DV GRAY, SARA 129 PIRATES DRIVE KEY LARGO FL	<input type="checkbox"/>
CITY- ST- ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME		<input type="checkbox"/>	<input type="checkbox"/>
13. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
14. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME		<input type="checkbox"/>	<input type="checkbox"/>
23. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME		<input type="checkbox"/>	<input type="checkbox"/>
33. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME		<input type="checkbox"/>	<input type="checkbox"/>
43. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME		<input type="checkbox"/>	<input type="checkbox"/>
53. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME		<input type="checkbox"/>	<input type="checkbox"/>
63. STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64. CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

Original

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Richard A. Swentek

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STATE & ZIP FL. 33037

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NAME ARLEN GROUP, INC.
15 STILLWRIGHT WAY
ADDRESS KEY LARGO, FL 33037

97 FEB 27 11:49

ARLEN GROUP INC
15 Stillwright Way
Key Largo, FL 33037

PAY TO THE ORDER OF Florida Public Service Commission

One hundred

TIB Your Community Bank
Key Largo, FL 33037

FOR