

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970294-15

1. LEGAL NAME OF THE APPLICANT DEPOSIT THEAS. REC. DATE
DANIEL J. DIROCCO D477 MAR 10 '97

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
DIROCCO ENTERPRISES INC.

3. ADDRESS OF THE APPLICANT(S)
 STREET 3753 GLEN OAKS MANOR DR.
 CITY SARASOTA
 STATE & ZIP FLORIDA 34232

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: [x]
 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 DANIEL J. DIROCCO
 ADDRESS 3753 GLEN OAKS MANOR DR.
SARASOTA, FL. 34232
- D. DOING BUSINESS UNDER A FICTITIOUS NAME: []
 DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

DOCUMENT NUMBER-DATE
 02550 MAR 10 97
 FPSC-RECORDS/REPORTING

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

NAME: DANIEL J. DIROCCO
TITLE: PRESIDENT
PHONE: 1 - 941 - 365 1170

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.

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.

NONE

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

NONE

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

NONE:

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
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

{ X }
{ X }
{ X }
{ X }
{ X }

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10 - 20

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

{ X }
{ }
{ }
{ }

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX-O, 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.)

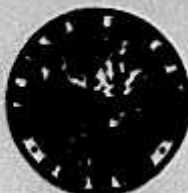
YES

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: MARCH 5, 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 11, 1997

DANIEL J DIROCCO
3753 GLEN OAKS MANOR DR
SARASOTA, FL 34232

The Articles of Incorporation for DIROCCO ENTERPRISES INC. were filed on January 27, 1997 and assigned document number P97000010078. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Loria Poole, Corporate Specialist
New Filings Section

Letter Number: 397A00005270

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(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: MARCH 5, 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant DANIEL J. DIROCCO / DIROCCO ENTERPRISES 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 _____

Date _____

PRESIDENT

MARCH 5, 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.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 11, 1997

DANIEL J DIROCCO
3753 GLEN OAKS MANOR DR
SARASOTA, FL 34232

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Loria Poole, Corporate Specialist
New Filings Section

Letter Number: 397A00005270

**ARTICLES OF INCORPORATION
OF
BIROCCO ENTERPRISES INC.**

THESE ARTICLES OF INCORPORATION: Are hereby adopted by the undersigned incorporator of this corporation for pecuniary profit under The Florida Business Corporation Act.

97 JAN 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLE I
NAME AND LOCATION OF AGENT AND OFFICES**

Section 1.1 Name. The name of the corporation shall be: **BIROCCO ENTERPRISES INC.**

Section 1.2 Principal Office and Mailing Address: The corporation's principal office, if known, shall be: **3753 Glen Oaks Manor Dr. Sarasota, FL 34232** and the mailing address of the corporation shall be: **3753 Glen Oaks Manor Dr. Sarasota, FL 34232** The corporation may change the foregoing addresses, transact business at other places within or without The State of Florida and establish branch offices within or without The State of Florida, all as The Board of Directors may from time to time determine.

Section 1.3 Initial Registered Agent and Office: Statement of Acceptance. The Initial Registered Agent for the corporation to accept service of process within The State of Florida shall be: **DANIEL J. BIROCCO** and The Initial Registered Office street address of The Registered Agent shall be: **3753 Glen Oaks Manor Dr. Sarasota, FL 34232**. The Initial Registered Agent hereby states that, The Registered Agent is familiar with, and accepts, the obligations of this position.

**ARTICLE II
COMMENCEMENT AND DURATION**

Section 2.1 Commencement of Corporate Existence. The corporation's existence shall commence at **12:01 A.M.** on the date of the subscription and acknowledgment hereof, which date shall be within **Fifteen (15)** business days prior to the filing hereof by The Department of State.

Section 2.2 Duration. The corporation shall have perpetual existence, or until dissolved according to law.

**ARTICLE III
PURPOSE AND POWERS**

Section 3.1 Purpose. The general purpose for which the corporation is initially organized shall be to transact any and all lawful business for which a corporation may be incorporated under the laws of The State of Florida, and to do everything necessary or convenient for the accomplishment of said purpose, and to do all other things incidental there to or connected therewith that are not prohibited by law, and to carryout said purpose in any state, territory, district or possession of The United States of America, or in any foreign country, to the extent not prohibited by law therein.

Section 3.2 Powers. The corporation shall have and exercise all of the corporate powers enumerated in or otherwise permitted under The Florida Business Corporation Act.

ARTICLE IV
AUTHORIZED SHARES

Section 4.1 Class, Number, Par and Description. The shares of stock authorized hereunder shall not be divided into classes and shall consist of One (1) class of common stock only. The aggregate number of shares of stock which the corporation shall be authorized to issue and have outstanding at any one time shall be limited to Four thousand (4,000) shares at One dollar (\$ 1.00) per value. These shares shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

Section 4.2 Consideration. The consideration for the issuance of said shares, or any part thereof, shall be money, current of The United States of America, or property, or services of value at least equivalent to the stock issued as fixed and determined by The Board of Directors of said corporation. Whenever any share or shares of stock are issued in consideration of payment to be made in property or in services, the fair and just value of the property to be transferred or the services performed as a consideration for the issuance of said stock shall be affixed by The Board of Directors of the corporation. Any and all shares of stock of the corporation which shall be issued for the consideration, or for not less than the consideration in cash, property, or services, shall be fully paid and non-assessable.

Section 4.3 Preemptive Rights. The shareholders of the corporation shall have no preemptive rights granted by The Articles of Incorporation to acquire unissued or treasury shares of the corporation, or securities of the corporation convertible into, or carrying a right to subscribe to, or acquire shares.

Section 4.4 Plurality Voting. Shareholder voting shall be on a plurality basis. The shareholders of the corporation shall not be entitled to vote their shares cumulatively in elections for The Board of Directors.

ARTICLE V
GENERAL

Section 5.1 Amendment. The Articles of Incorporation may be amended from time to time, by action of The Board of Directors and the shareholders in accordance with applicable law.

Section 5.2 Organizational Meeting. After the corporate existence begins, an organizational meeting of any Initial Directors and / or Incorporators, as the case may be, shall be held, at the call of a majority, to elect directors if needed, appoint officers, adopt bylaws, and transact other necessary business. The person (s) calling the meeting shall give Three (3) day's advance written notice of the time and place of the meeting to each person called.

Section 5.3 Incorporators. The name and address of The Incorporator Executing this Instrument, is as follows:

SIGNATOR


PRESIDENT

INCORPORATOR & REGISTERED AGENT

IN WITNESS WHEREOF, the above signed, executed this Instrument this 10th day of Jan., 1997

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.050, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE
OF FLORIDA.**

1. THE NAME OF THE CORPORATION IS:

BIROCCO ENTERPRISES INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DANIEL J. BIROCCO

3753 GLEN OAKS MANOR DR.

SARASOTA, FLORIDA 34232

**HAVING BEEN NAMED REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT
AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING
TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.**


DANIEL J. BIROCCO (PRINTED)

1/16/97
(DATED)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA

97 JAN 27 PM 4:26
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

State of Florida



Department of State

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

The document number of this corporation is P97000010078.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Eleventh day of February, 1997



CR2EO22 (2-95)

Handwritten signature of Sandra B. Northam in cursive.

Sandra B. Northam
Secretary of State

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970294-7C

1. LEGAL NAME OF THE APPLICANT

DANIEL J. DIROCCO

DEPOSIT TO ACCOUNT DATE

0477 -- 000 MA 10 '97

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

DIROCCO ENTERPRISES INC.

3. ADDRESS OF THE APPLICANT(S)

STREET

3753 GLEN OAKS MANOR DR.

CITY

SARASOTA

STATE & ZIP

FLORIDA 34232

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DOCUMENTATION: No other documentation needed.

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