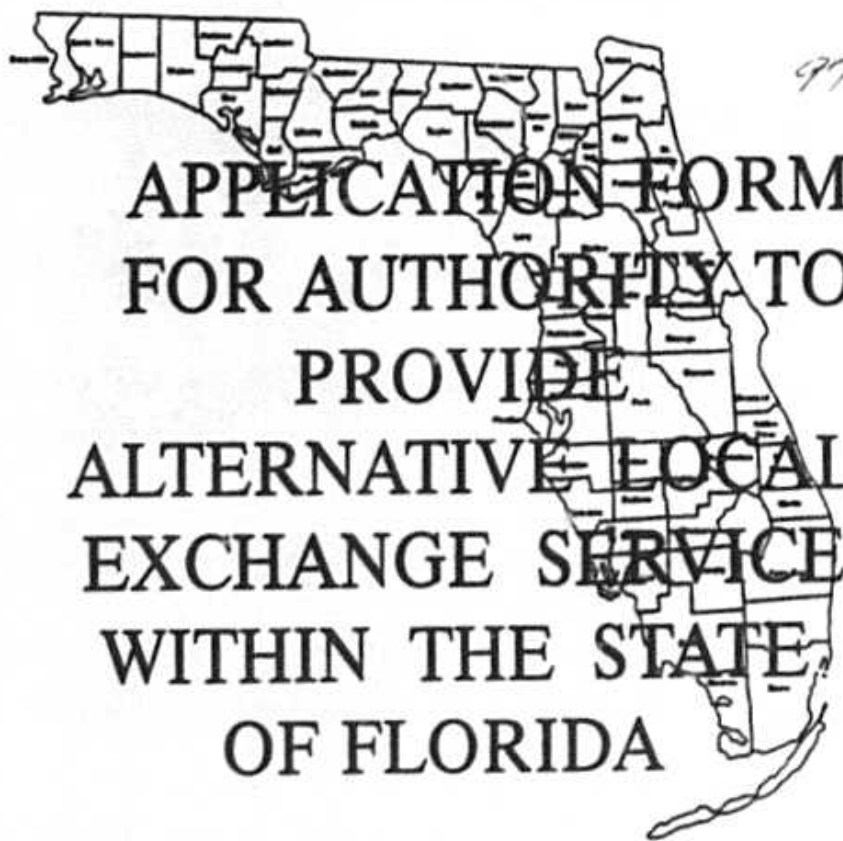


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APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA

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FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

FORM 8

8220

APPLICATION FORM
for

AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

1. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
2. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
3. Use a separate sheet for each answer which will not fit the allotted space.
4. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications, Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(904) 413-6600

5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.
-

4. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Joint Venture

Corporation
 Foreign Partnership
 Limited Partnership
 Other, Please explain _____

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P97000046585

6. Name under which the applicant will do business (d/b/a):

PRE - CELL SOLUTIONS

7. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: N/A

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity. N/A

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain. N/A

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

SHANNON M MYERS
2420 GRAND TETON BLVD
MELBOURNE FL 32935
407-253-4296
FAX 407-255-8957

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

N/A

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

STATE
JUN 5 1995

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APPLICATION FORM
for

**AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE
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-

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)
Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)
Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)
Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant: PRE-CELL SOLUTIONS, INC.

3. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

444 N HARBOR CITY BLVD
MELBOURNE FL 32935
407-255-8974

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

SAME AS ABOVE
P.O. Box 360808
MELBOURNE, FL
32936

C. Physical address of alternative local exchange service in Florida including street name, number, post office box, city, zip code and phone number.

SAME AS ABOVE

4. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Joint Venture

Corporation
 Foreign Partnership
 Limited Partnership
 Other, Please explain _____

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P99000046585

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PRE - CELL SOLUTIONS

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Fictitious name registration number: N/A

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity. N/A

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain. N/A

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

SHANNON M MYERS 407-253-4296
2420 GRAND TETON BLVD
MELBOURNE FL 32935 FAX 407-255-8957

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

N/A

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial. *NO*
13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty. *NO*
14. Please indicate how a customer can file a service complaint with your company. *CALL (407) 255-8974*
MAIL P.O. Box 360808
MELBOURNE FL 32936
15. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

B. Managerial capability.

5 YEARS AS MANAGER WITH UNITED PARCEL SERVICE.

C. Technical capability.

OFFICE MANAGER HAS TWO ~~10~~ YEARS
TELEPHONE TECHNICAL INSTILLATION.

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Official:


Signature

6/20/97
Date

Title:

VICE-PRESIDENT

407-255-8774
Telephone Number

Address:

444 N. HARBOR CITY BLVD
MELBOURNE FL 32901

CASH FLOW PROJECTIONS
Initial Year

YEAR 1
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SALES:

Cellular Telephones	153,000	197,000	241,000	285,100	328,000	372,000	401,000	460,000	547,000	591,000	636,000	530,000
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0
Total Sales	153,000	197,000	241,000	285,100	328,000	372,000	401,000	460,000	547,000	591,000	636,000	530,000

CASH RECEIPTS:

Monthly Base	0	153,000	197,000	241,000	285,100	328,000	372,000	401,000	460,000	547,000	591,000	636,000
Total Receipts	0	153,000	197,000	241,000	285,100	328,000	372,000	401,000	460,000	547,000	591,000	636,000

CASH EXPENSES:

Advertising	500	500	500	500	500	500	500	500	500	500	500	500
Auto Expense	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Bill Activations	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Bill Airtime	13,800	27,600	41,400	55,200	69,000	82,800	96,600	110,400	124,200	148,000	162,250	170,400
Bill Monthly Charges	6,000	12,000	18,000	24,000	30,000	36,000	42,000	48,000	54,000	60,000	66,000	72,000
Bank Charges	20	20	20	20	20	20	20	20	20	20	20	20
Computer Supplies	400	75	75	75	75	75	75	75	75	75	75	75
Dues & Subscriptions	10	20	30	30	30	30	30	30	30	30	30	30
Insurance	500	500	500	500	500	500	500	500	500	500	500	500
Interest Expense	3,300	3,300	3,300	3,300	3,300	3,300	3,300	3,300	3,300	3,300	3,300	3,300
Legal & Professional	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Miscellaneous	600	600	600	600	600	600	600	600	600	600	600	600
Office Expense	1,000	250	250	250	250	250	250	250	250	250	250	250
Office Supplies	500	500	500	500	500	500	500	500	500	500	500	500
Payroll Taxes	803	872	972	1,316	1,594	1,594	1,594	1,760	1,760	1,913	1,913	2,295
Postage	65	125	250	500	500	500	500	500	500	500	500	500
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Receiving Equipment - Telephones	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Repairs & Maintenance	250	250	250	250	250	250	250	250	250	250	250	250
Salaries	10,500	12,700	12,700	17,200	17,200	20,700	20,700	23,000	23,000	25,000	25,000	30,000
Salaries, Professionals	0	0	0	0	0	0	0	0	0	0	0	0
Taxes & Licenses	250	0	0	0	50	50	50	50	50	50	50	50
Telephones	450	450	450	450	450	450	450	450	450	450	450	450
Travel & Entertainment	500	750	1,000	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Utilities	210	250	250	250	250	250	250	250	250	250	250	250
Withholding	2,100	2,540	2,540	3,440	3,440	4,140	4,140	4,800	4,800	5,000	5,000	6,000

Total Expenses

	156,298	177,852	198,137	224,181	243,981	268,248	288,048	310,785	330,585	355,038	378,188	403,720
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Net Cash From Operations

	(156,298)	(24,952)	(1,137)	16,819	41,119	59,751	83,951	90,216	129,416	181,863	214,813	231,280
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Beginning Cash

	20,000	28,702	3,750	2,614	19,433	60,552	120,304	204,255	294,470	423,886	615,848	830,661
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Cash on Hand

	(136,298)	3,750	2,614	18,433	60,552	120,304	204,255	294,470	423,886	615,848	830,661	1,061,941
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Working Capital Required

	185,000	0	0	0	0	0	0	0	0	0	0	0
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Loan Repayment

	0	0	0	0	0	0	0	0	0	0	0	0
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Ending Cash

	28,702	3,750	2,614	19,433	60,552	120,304	204,255	294,470	423,886	615,848	830,661	1,061,941
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INCOME STATEMENT

	Year 1	Year 2	Year 3	Percent Yr1-Yr2	Change Yr2-Yr3
REVENUE:					
Gross Sales:	740,100	885,213	994,852	19.61%	12.39%
NET SALES	740,100	885,213	994,852	19.61%	12.39%
Operating Expenses:					
Selling Expenses					
Advertising	6,000	14,500	17,500	141.67%	20.69%
BMI Expenses - Total	529,144	528,600	535,820	-0.10%	1.37%
Travel & Entertainment	13,500	14,500	15,250	7.41%	5.17%
Total	548,644	557,600	568,570	1.63%	1.97%
Administrative					
Salaries	37,700	127,200	177,500	237.40%	39.54%
Payroll Taxes	2,884	12,027	13,579	317.02%	12.90%
Withholding	5,655	23,580	45,900	316.98%	94.66%
Insurance	6,000	6,000	6,000	0.00%	0.00%
Interest	3,800	9,600	16,000		
Total	52,239	168,807	242,979	223.14%	43.94%
General					
Auto Expense	3,000	6,000	9,000		
Rent	12,000	12,000	14,535	0.00%	21.13%
Utilities	3,000	3,300	3,000	10.00%	-9.09%
Telephone	5,400	8,350	10,450	54.63%	25.15%
Office Expenses	3,750	4,475	6,613	19.33%	47.78%
Equipment Costs	20,000	47,500	67,500	137.50%	42.11%
Office Supplies	6,000	7,200	8,400	20.00%	16.67%
Postage	4,940	5,375	5,750	8.81%	6.98%
Legal & Professional	2,000	4,400	6,685	120.00%	51.93%
Research	0	0	0	NA	NA
Misc.	2,200	7,200	9,900	227.27%	37.50%
Other Operating Expenses	5,595	5,460	5,840		
Total	59,290	99,800	132,833	68.33%	33.10%
Total Operating Expenses	660,173	826,207	944,382	25.15%	14.30%
TOTAL OPERATING INCOME	79,927	59,006	50,470	-35.46%	-13.91%
State Taxes	0	0	0	NA	NA
Pretax Income	79,927	59,006	50,470	-26.18%	-14.47%
Federal Taxes	31,971	23,602	20,188	-26.18%	-14.47%
NET INCOME	47,956	35,404	30,282	-26.18%	-14.47%

BALANCE SHEET

	Year 1	Year 2	Year 3	Percent Yr1-Yr2	Change Yr2-Yr3
ASSETS					
Cash	2,000	22,500	77,540	1025.00%	244.62%
Inventory	50,500	77,500	99,832	53.47%	28.56%
Total Current Assets	52,500	100,000	177,172	90.48%	77.17%
Total Fixed Assets	42,500	187,500	220,540		
Less: Accum. Deprec.	6,073	48,487	83,959		
Net Fixed Assets	36,427	141,033	136,581	287.17%	-3.16%
Intangible Assets	0	0	0	NA	NA
TOTAL ASSETS	88,927	241,033	313,753	171.05%	30.17%
LIABILITIES					
Accounts payable	0	0	0	NA	NA
Bank notes	0	0	0	NA	NA
Shareholder Loan Payable	5,000	5,000	5,050	0.00%	1.00%
CPLTD	4,000	39,600	39,600	890.00%	0.00%
Total Current Liabilities	9,000	44,600	44,650	395.56%	0.11%
Total Non-Current Liabilities	0	55,000	77,200	NA	40.36%
TOTAL LIABILITIES	9,000	99,600	121,850	1006.67%	22.34%
NET WORTH					
Capital Stock	1,000	1,000	1,000		
Paid in Capital	5,000	7,500	7,500		
Retained Earnings - AAA	0	74,927	133,933	NA	78.75%
Additional Value	74,927	59,006	50,470	-21.25%	-14.47%
TOTAL NET WORTH	79,927	141,433	191,903	76.95%	35.68%
TOTAL LIABILITIES & NET WORTH	88,927	241,033	313,753	171.05%	30.17%

YEAR 2
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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94,860 109,183 119,426 141,428 159,045 182,045 199,898 222,898 249,515 266,515 296,515 306,133 354,133

1,061,941 1,151,801 1,255,993 1,370,421 1,506,948 1,659,893 1,836,938 2,031,838 2,249,733 2,494,248 2,765,763 3,068,896

1,156,801 1,280,993 1,375,421 1,511,848 1,664,893 1,841,938 2,036,838 2,254,733 2,499,248 2,780,763 3,083,896 3,443,028

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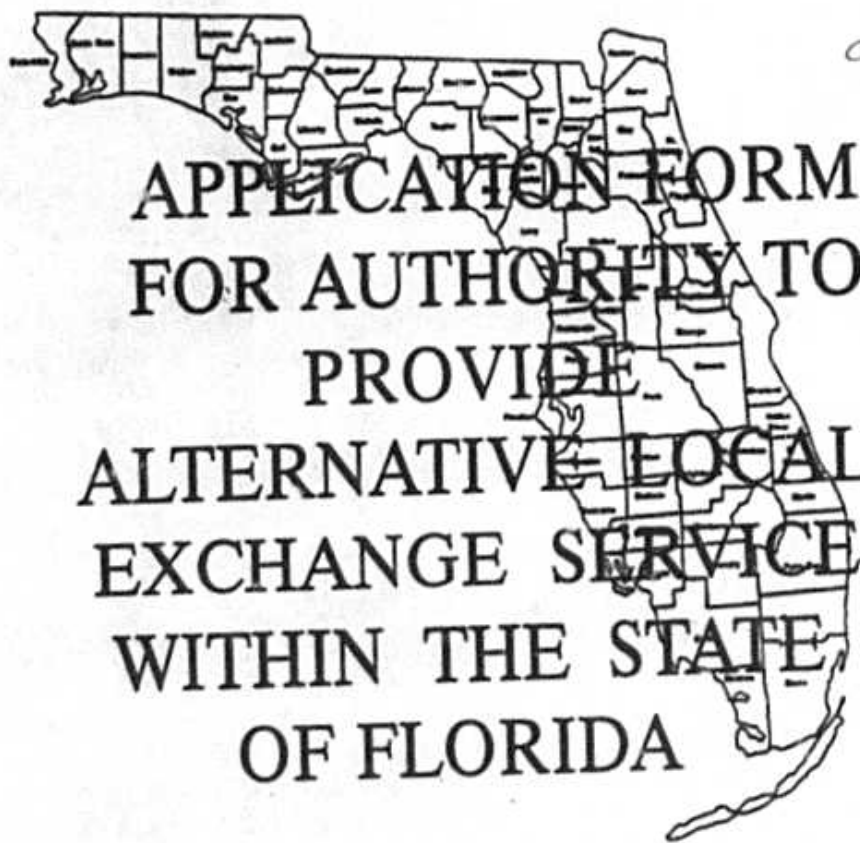
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DEPOSIT
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DATE
JUN 26 1997

970786-TX



APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA

97 JUN 26 AM 9 25
MAIL ROOM

PRE-CELL SOLUTIONS, INC.
P.O. BOX 36088 407-255-8974
MELBOURNE, FL 32936-0808

1036

PAY TO THE
ORDER OF

FLORIDA PUBLIC SERVICE COMM.

6/27 1997

\$ 250.⁰⁰/₁₀₀

TWO HUNDRED FIFTY

⁰⁰/₁₀₀ DOLLARS



First Union National Bank
of Florida
Melbourne, Florida
24 Hour Information Service

FOR