

ORIGINAL
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September 11, 1997

phila.com

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850

971209-TX

Dear Commission Members:

Enclosed please find an original copy of the ALEC Application and six additional duplicates for Philacom Inc. Also please find an envelope containing a check for the Application Fee in the amount of \$250.00.

If on obtaining this mailing you find any of these items not included in this package, please do not hesitate to contact Richard Cacciu at 561-278-2947.

Thank you for your consideration.

Sincerely,

Richard Cacciu
Operations Manager

jrc/eac
Enclosures

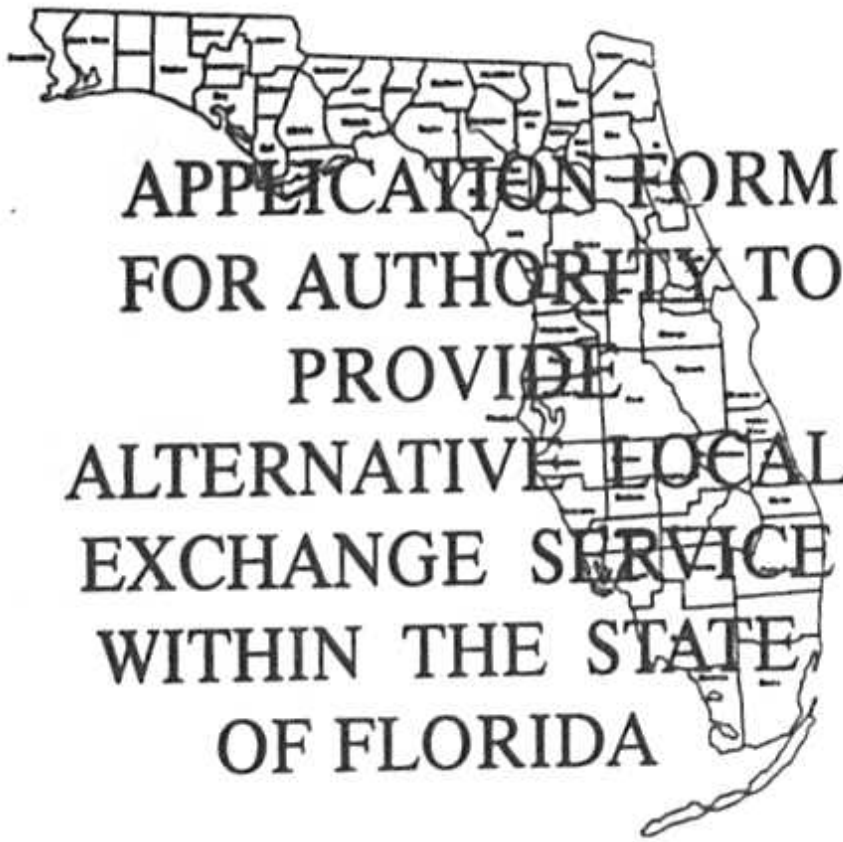
Check received with filing and forwarded to Fiscal for deposit.
Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check:
A.J.

DOCUMENT NUMBER-DATE
09409 SEP 16 5
FPSC-RECORDS/REPORTING

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971209-TX



DOCUMENT NUMBER-DATE

89489 SEP 18 89

FPSC-RECORDS/REPORTING

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: PHILACOM INC.

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

PHILACOM INC.

8 SURF RD

OCEAN RIDGE FL 32035

PHA 561.278.2947

FX #. 561.278.8030

E-MAIL PHILACOM@GATE.NET

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

SAME AS ABOVE.

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: EIN# 65-0722529

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

PHILACOM INC.

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. RICHARD OR ELIZABET CICCIO HS 561-278.2947
8 SORF ROAD FX 561-278.8030
OCEAN RIDGE FL 33435 EMAIL PHILACOM@GATE.NET.

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. *N.A.*

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty. *N.A.*

14. Please indicate how a customer can file a service complaint with your company. *BY CONTACTING, RICHARD OR ELIZABETH CCLIV AT:
8 SURF ROAD PH. 561.278.2947
OCEAN RIDGE FL 32935 FX. 561.278.8030 EMAIL PHILACDM@GATE.NET*

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 *LETTER + STATEMENT ATTACHED.*
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. RICHARD CICCIU HAS A LENGTHY RESUME INDICATIVE OF HIS MANAGERIAL ABILITIES.
- C. Technical capability. RICHARD'S TECHNICAL ABILITIES VARY, HOWEVER HE IS NO STRANGER TO VERY TECHNICAL ENVIRONMENTS..

Monday, September 8, 1997

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850

Dear Commission Members:

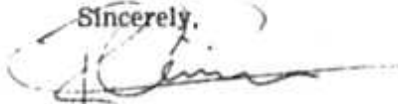
As a registered agent of Philacom Inc. , I'm writing this letter to assure the commission that we are financially capable.

Since Philacom was incorporated in the state of Florida as of 2/97 , it has been financially inactive. Therefore, we are lacking any audited records. However, we recently have been afforded the opportunity to get underway. Venture capital is being provided by a personal associate. Our arrangement is such that Philacom Inc. may use only what it needs, which is appropriate considering certain aspects of our marketing plans. We plan to primarily take the posture of a reseller and gradually move to a facility based service provider in our local area. To help the commission ascertain our financial capabilities, my wife and I have enclosed financial records of our own for the past few years. I hope this will suffice.

If there is any way to be of further assistance, please call either myself or my wife Elizabeth.

Thank you for your consideration.

Sincerely,



Richard Cicclu
Operations Manager

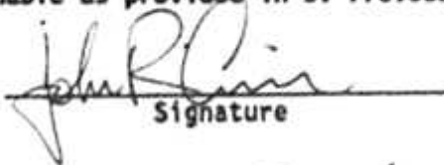
jrc/eac
Enclosures

INCOME	Month												YTD	
	January	February	March	April	May	June	July	August	September	October	November	December		
P B Co School Board														
Salary	4022	4022	4022	4022	4022	4022	4022	4022	4022	4022	4022	4022	4022	48294
Commissions														
Interest														
Dividends														
Other														
Subtotal	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	\$48,294.00
EXPENSE														
AAA														
Advances	180	180	180	180	180	180	180	180	180	180	180	180	180	61
Amoco	18	32	18	18	18	18	18	18	18	18	18	18	18	200
Car Insurance		523												523
Car Maintenance														
Car Tolls														
Clothing														
Entertainment	80	80	80	80	80	80	80	80	80	80	80	80	80	45
Fast	1000	100	1000	100	80	80	100	80	80	80	100	80	100	1040
FPL	81	81	81	81	80	71	81	91	91	91	91	81	81	2483
Groceries	400	400	400	400	400	400	500	400	400	400	500	400	400	881
Health Insurance														
MBA	45	80	100	500	100	80	80	10	556	80	80	80	80	2887
Medical														
Miscellaneous		1500												2500
Phone	138	132	132	100	80	100	100	100	100	100	100	100	100	1280
Rent	875	875	875	875	875	875	875	875	875	875	875	875	875	10500
Savings														
Vet														
Winter	8	8	8	8	8	8	150	8	8	8	8	8	8	150
Subtotal	\$2,781.00	\$3,981.00	\$3,043.00	\$3,944.00	\$1,970.00	\$1,800.00	\$2,100.00	\$2,343.00	\$2,411.00	\$2,508.00	\$2,417.00	\$2,488.00	\$2,488.00	\$31,752.00
Balance	1241	71	979	78	2082	2222	1822	1679	1611	1516	1805	1506	1506	16812

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 9/SEPT/97 Date

Title: DIRECTOR OF OPERATIONS 561-278-2947 Telephone Number

Address: 8 SURF RD.
OCEAN RIDGE FL.
33435

September 11, 1997

DEPOSIT
D 6 1 5

DATE
SEP 16 1997

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Thank you for your consideration.

Sincerely,

Richard Ciccio
Operations Manager

jrc/eac
Enclosures

RECEIVED
SEP 16 12 08 PM '97
ADMINISTRATION
MAIL ROOM

Elizabeth A. Ciccio
John R. Ciccio



2397

Sept. 11 1997

PAY TO THE ORDER OF Florida Public Service Commission \$ 250.00
Two hundred fifty and 00/100 DOLLARS
MSNA America
Wilmington, Delaware
FOR Fee/ALEC Certification Elizabeth A. Ciccio

September 11, 1997

DEPOSIT

DATE

D615

SEP 16 1997

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Division of Communications
Bureau of Service Evaluation
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