

DEPOSIT

DATE

971576-K

D656

NOV 17 1997

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Leonard J. Bonner JR.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Rennox Phone Systems, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET _____

CITY _____

STATE & ZIP CODE _____

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 Leon Bonner

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS 7106 Pine Bluff Dr.
Lake Worth, Fl. 33467

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

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

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

NAME: Len Bonner
 TITLE: Pres.
 PHONE: (561) 433-8040

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 CANCELED 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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None
~~Florida only~~


FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

This application only

- 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 INCOMPETENT, 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	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 100

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 - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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. 837.08, 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: 11/14/97

APPLICANT ACKNOWLEDGMENT CARD

Applicant Leonard J. Bonnek Jr

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

Signature: Ronald Bonnek

Title: Pres

Date: 11/14/97

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of RENNOB PHONE SYSTEMS, INC., a Florida corporation, filed on November 3, 1997, as shown by the records of this office.

The document number of this corporation is P97000094497.

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



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION
OF
RENOB PHONE SYSTEMS, INC.

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07 197 -3 11 2 66

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation for profit under the laws of the State of Florida.

ARTICLE I: NAME & MAILING ADDRESS

The name of this corporation is: RENNOB PHONE SYSTEMS, INC. and the mailing address is 5000 Lake Worth Road #512, Lake Worth, Florida 33463

ARTICLE II: NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is: any business activity permitted under the laws of the State of Florida and the United States of America.

ARTICLE III: CAPITAL STOCK

The maximum number of shares this corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock with a par value of One (\$1.00) Dollar.

ARTICLE IV: TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE V: REGISTERED AGENT & OFFICE

The street address of the registered agent of this corporation in the State of Florida is: 5000 Lake Worth Road #512, Lake Worth, Florida 33463. The registered agent is Leonard J. Bonner.

ARTICLE VI: DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or decreased from time to time, by By-Laws adopted by the Shareholders, but the corporation shall never have less than one director.

ARTICLE VII: INITIAL DIRECTORS

The names and addresses of the members of the first board of directors are:

NAME:

ADDRESS:

Leonard J. Bonner

5000 Lake Worth Road #512, Lake Worth, Florida 33463

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII: INCORPORATORS

The names and addresses of the Incorporators of this Corporation and subscribers to these Articles of Incorporation are:

NAME:

ADDRESS:

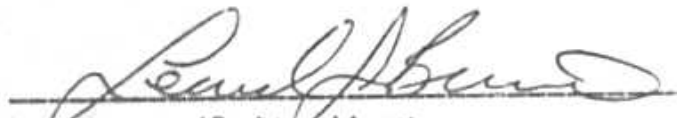
Leonard J. Bonner

5000 Lake Worth Road #512, Lake Worth, Florida 33463

ARTICLE IX: AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of Directors, proposed by them to the shareholders, and approved at a shareholders' meeting by a majority of the shareholders entitled to vote thereof.

In Witness Whereof, we have made and subscribed these Articles of Incorporation this 20 day of October, 1997.

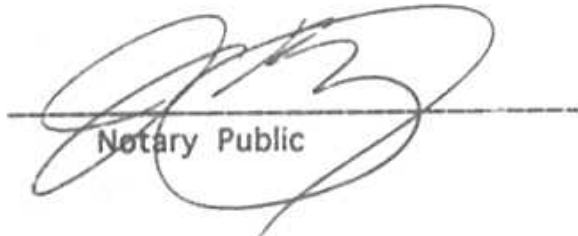


Incorporator and Registered Agent.

I am familiar with and accept the duties and responsibilities as registered agent for the said corporation.

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgements, that the foregoing instrument was acknowledged by Leonard J. Bonner who is personally known to me or who produced N-A as identification and who did (did not) take an oath.

Witness my hand and official seal in the County and State last aforesaid, this 30 day of October, 1997.


Notary Public

JOHN D. KURTZ
Notary Public, State of Florida
My Commission Expires Nov. 8, 1997
Commission No. AA 722607

DEPOSIT

DATE

971516-TC

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NOV 17 1997

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Leonard J. Boner JR.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Rennob Phone Systems, Inc.

3. ADDRESS OF THE APPLICANT(S)

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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: (✓)

97 NOV 17 AM 11:37 MAIL ROOM

LEN J. BONER
560 PURDY LANE B309 561-434-1851
PALM SPRINGS, FL 33461

233

11/14 1997

PAY TO THE ORDER OF State of Florida - Public Service Commission \$100.00

one hundred & 00/100 DOLLARS

First Union National Bank of Florida
Lake Worth, Florida
24 Hour Information Service
1-800-735-1012

UNION

Applicant for pay phone service

Leonard J. Boner

1 outside of Florida, authority to operate Agent.

DOCUMENT NUMBER-DATE

11780 NOV 17 97

FPSC-RECORDS/REPORTING