

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/21/98

Docket No. 980108 700

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Ray, Telephone Certificate No. 958 by B/e, B Auto Center, Inc.

(TC861)

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

B&B AUTO CENTER INC
16541 N.E. 26TH PLACE
NO. MIAMI BEACH, FL. 33160

January 12, 1998

RECEIVED

JAN 15 1998

CMU

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, fl. 32399-0876

RE: Certificate No. TC861 P173 997 143

Dear Sirs:

Please cancell my certificate due to the fact that the public telephones were sold on 6/27/97.

I'm enclosing the payment of \$50.00 as per your notice.

If you need any additional information please contact me at 305-947-5767.

Sincerely,



Perla Bursztein
Vice President

98 JAN 14 AM 8 59
MAIL ROOM

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

TC861 P173 997 143
 B & B Auto Center, Inc.
 16541 N.E. 26th Place
 North Miami Beach, FL 33160-4025
 DEPOSIT DATE
 D688 JAN 14 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY	
Check#	1183
\$	50.00 0603002
	003001
\$	P 0603002
	004011
\$	I
Postmark Date	1/2/98
Initials of Preparer	AB

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment	
7.	Interest for Late Payment	
8.	TOTAL AMOUNT DUE	\$ 50.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

Brenda Hawkins

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return NONE.

Please cancell Certificate.

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to section 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.

Perla Bunter
 (Signature of Company Official)
Perla Bunter
 (Please Print Name)

J.P.
 (Title)
1/12/98
 (Date)
 Telephone Number (305) 947-5767
 F.E.I. No. _____