

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 1/22/98

Docket No. 980114-10

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR \_\_\_\_\_

3. OIC \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 4898 by  
Joseph Mansour Enterprises, Inc.

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.

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

STATUS:

\_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return

TF761	P173 997 577
Joseph Mansour Enterprises, Inc.	
4747 Gandy Blvd.	
Tampa, FL 33611-3307	
DEPOSIT	DATE
D691	JAN 20 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY	
Check#	888
\$	5000 0603002
	003001
\$	P 0603002
	004011
\$	1
Postmark Date	1/20/98
Initials of Preparer	LS

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

\_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ 20.00

*CANCEL*

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

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 \_\_\_\_\_

\*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.

\_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
 (Please Print Name) Telephone Number ( ) F.E.I. No. \_\_\_\_\_

To whom it may concern,  
I AM Requesting To CANCEL  
my Certificate for RAF

Any question feel free to  
CALL me at 813-289-9386

Joseph MANSOUR