

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/30/98

Docket No. 8066 13

1. Division Name/Staff Name COMMUNICATIONS/Hawkins
2. OPE _____
3. OCE _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 5039 by
STEVEN PEREZ/SHEYLA GONZALEZ
effective 1/29/98.
5. Suggested Docket Filing List (attach separate sheet if necessary) (TF936)

- 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.

January 27, 1998

To: Florida Public Service Comm.
340 Steward Oak Blvd.
Tallahassee, FL. 32399-0850

Attn: Fiscal Services

From: Steve Peir, Deputy Controller
TF936 P-173-998-014

To whom it may concern:

I wish to cancel my certificate with the Florida Public Service Commission.


Steve Peir

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return

PERIOD COVERED:
01/07/1997 TO 12/31/1997

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF936 P173 998 014
 Steven Perez/Sheyla Gonzalez
 4125 Wellington Woods Circle, #203
 Kissimmee, FL 34741-2761

D698 JAN 29 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY	
Check#	0204
\$	50.00 0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	1/29/98
Initials of Preparer	SP

(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.	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	\$ _____

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

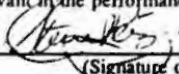
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return


 Brenda Hawkins

*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)

Steven Perez
 (Please Print Name)

Pres. (owner)
 (Title)

1/27/98
 (Date)

Telephone Number 407, 932-0966

F.E.I. No. _____