

**Florida Public Service Commission**  
(See Filing Instructions)

STATUS:  
 \_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return

**ORIGIN**

TF636  
 Sahadeo Bickram  
 210 N.E. 121st Terrace  
 North Miami, FL 33161-5321

DEPOSIT DATE  
**D7 05 FEB 04 1998**

**FOR PSC USE ONLY**

Check # 3286

\$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P  
 0603002  
 004011  
 \$ \_\_\_\_\_ I

Postmark Date 2-2-98  
 Initials of Preparer VM

PERIOD COVERED:  
 01/01/1998 TO 12/31/1998

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>0.0</u>
2.	Gross Intrastate Revenue	<u>0.0</u>
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)	\$ <u>0.0</u>
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	<b>ACK TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

RECEIVED  
 TELEPHONE SERVICE DIVISION  
 FEB 8 1998  
 MAIL ROOM

*PLEASE CANCEL ACCOUNT*

9. **CTR** Number of pay telephones in operation at close of period covered 61056  
 by this Return  
**EAG** PLEASE CLOSE ACCOUNT:- Brenda Hawkins  
**LEG** \_\_\_\_\_

\*Amounts 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.

**RCH** \_\_\_\_\_  
 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 337.06, 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.

**WAS** Sahadeo Bickram (Signature of Company Official) REGISTRATION (adwork) (Title) 01/31/98 (Date)  
**BY** SAHADEO BICKRAM (Please Print Name) Telephone Number (305) 681-8644  
 P.E.I. No. 65-0672788 DOCUMENT NUMBER-DATE

**01896 FEB-58**

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or Holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

*0.75% of the fee to be remitted for an extension of 15 days or less, or  
1.5% of the fee for an extension of 16 to 30 days.*

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

**ATTENTION: Fiscal Services**

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance with Item 9, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.