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To whom it may Concern APR 22 1998 980549-TC

FPSC - Records/Reporting

This is to certify that I, Omneya Hamouda
is no longer in the Business of Pay phones and
I would like you to cancel my certification.
Also, I would like you to mail ^{me} some kind of
a document to show that my certification
has been cancelled. I Really appreciate your
cooperation.

Name: Omneya Hamouda

Address: 3694 MORTON St. # 1 Jax, FL 32217

Home phone #: (904) 448-1412

Certificate: 5110

Company code: TG009

P.S: Please note that my mailing address & location
need to be changed on your Record and the phone # also.

Old mailing Addr., location

& Phone # :

11750 Alden Rd. # 802

Jax, FL 32246-9526

(904) 564-1698

New mailing Addr, location

& phone # :

3694 MORTON ST. # 1

Jax, FL 32217

(904) 448-1412.

Thanks

Omneya Hamouda 4/20/98

DOCUMENT CONTROL DATE

04552-APR 22 98

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYO
DIRECTOR
(850) 413-6770

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Public Service Commission

APR 22 1998

March 11, 1998

FPSC - Records/Reporting

Omneya Hamouda
11750 Alden Road, #802
Jacksonville, FL 32246-9526

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
APR 22 AM 8:25
MAIL ROOM

Dear Sir or Madam:

The Commission is reviewing its information on regulated utilities. Please check the information below and note any change(s) on this letter, and return the letter to us within 15 days of receipt. Pursuant to Commission Rule 25-22.005(7), F.A.C., any future changes in this information must be reported to us in writing. Thank you for your cooperation.

Sincerely,

Blanca S. Bayo
Blanca S. Bayo

Omneya Hamouda

Location:
11750 Alden Road, #802
Jacksonville, FL 32246-9526

Mailing Address:
11750 Alden Road, #802
Jacksonville, FL 32246-9526

Liaison Officer(s):
Omneya Hamouda, Owner, (904) 564-1698

FAX No(s): _____
Internet e-mail address: _____
Internet home page address: _____
FEID Number: _____
Company Code: TG009 Certificate(s): 5110

Date Completed: _____ By: _____