

Docket No 980684-TC cc: Barbara Bailey
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ATTACHMENT B
980684-TC

1. LEGAL NAME OF THE APPLICANT Alternative Vending Concepts, Inc.
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

3. ADDRESS OF THE APPLICANT(S)
STREET 3217 Colony Club Rd # 6
CITY Pompano Beach
STATE & ZIP CODE Florida 33062

RECEIVED
JUN 12 1993
CMU

4. TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (X)

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
NAME: Florida articles of incorporation attached
ADDRESS _____

OPC _____
RCH _____
SEC 1
WAS _____
OTH orig to Brad; copy to Nonny

FORM PUBLIC SERVICE COMMISSION CMJ 32 (R3-93)
REQUIRED BY COMMISSION RULE NO. 25-34.511

DOCUMENT NUMBER - DATE
06262 JUN 15 93
FPSC-RECORDS/REPORTING