

DOCKET NO. 981759-TI
DATE: JANUARY 7, 1999

ORIGINAL CMU

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JOSEPH C. JACOBS
(1923-1998)
LEROY COLLINS
(1908-1991)

December 4, 1998

VIA HAND DELIVERY

RECEIVED

DEC 08 1998

CMU

Ms. Blanca S. Bayo
Director - Records and Reporting
Florida Public Service Commission
Room 110
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

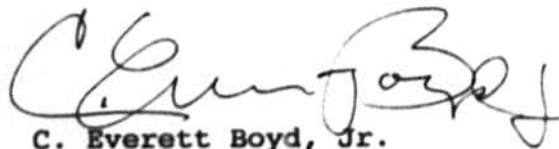
RE: Docket No. 981759-TI

Dear Ms. Bayo:

I represent Corporate Services Telcom, Inc. ("CST") regarding the above referenced docket. On December 2, 1998, CST filed its 1997 Regulatory Assessment Return and fully paid the 1997 fees together with appropriate penalties and interest. Preparation and filing of the 1997 return was inadvertently overlooked due to a misunderstanding by CST staff with its regulatory consultants. CST promises to timely file, by January 30, its return for 1998 and all subsequent years.

As a means of formally resolving this docket CST offers to make a contribution to the Florida General Revenue Fund in the sum of \$100.00. Based upon the mitigating circumstances of this docket, CST believes this is a fair and reasonable way to resolve this docket, and requests the Commission's approval of such proposal.

Sincerely,



C. Everett Boyd, Jr.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU 1
- CTR _____
- EAG _____
- LEG 1
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH ADM

CEBJr:clp

cc: Ms. Paula Isler

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 11/30/98

Docket No. 981759-77

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Interexchange Telecommunications Certificate Number 4441 Issued to Corporate Services Telcom, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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)

<u>Joyce Pearce</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
13387 NOV 30 98
PSC RECORDS/REPORTING



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: November 5th, 1998
TO: Paula Isler
FROM: Jackie Knight JK
RE: RAF non payments - *Second set of 80*

Paula, attached are eighty communication companies (second set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of November is \$5.50 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

1	TG157	21	TI036	41	TI260	61	TI426
2	TG172	22	TI038	42	TI266	62	TI430
3	TG173	23	TI049	43	TI269	63	TI444
4	TG174	24	TI083	44	TI273	64	TI446
5	TG177	25	TI091	45	TI295	65	TI461
6	TG182	26	TI114	46	TI301	66	TI464
7	TG192	27	TI115	47	TI304	67	TI471
8	TG197	28	TI124	48	TI311	68	TI473
9	TG198	29	TI154	49	TI314	69	TI479
10	TG200	30	TI155	50	TI316	70	TI497
11	TG201	31	TI164	51	TI338	71	TI514
12	TG205	32	TI175	52	TI341	72	TI524
13	TG206	33	TI200	53	TI342	73	TI541
14	TG207	34	TI218	54	TI349	74	TI546
15	TG209	35	TI223	55	TI353	75	TI548
16	TG216	36	TI240	56	TI354	76	TI555
17	TG220	37	TI245	57	TI357	77	TI560
18	TG253	38	TI248	58	TI371	78	TI564
19	TI030	39	TI251	59	TI384	79	TI569
20	TI033	40	TI259	60	TI422	80	TI570

Should you have any questions, please let me know.
 G:\pi3.mpl

NAVY

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

Navy

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

Navy

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

RAF = \$0
 P = 12.50
 I = 5.50
 Total = \$68.00

Navy

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

Navy

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

Navy

COMPANY NAME	SSN	REACTING DATE	RAF PERIOD	RAF NO ROOM	NAVY REPORT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	REGISTRATION FEE	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	RAF PAYMENT	RAF PAYMENT DATE	RAF PAYMENT AMOUNT	
Corporate Services Bt Jan 88																	
Total																	

Total = \$68.00

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

T1446

4a. Article Number

4b. Service Type

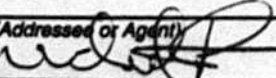
- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.