

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 9/13/99

Docket No. 991385-TC

- 1. Division Name/Staff Name Communications/McCoy
- 2. OPR Communications/McCoy
- 3. OCR Legal Services
- 4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 880 by Communications Central, Inc., effective 9/9/99.

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)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

DOCUMENT NUMBER-DATE
10987 SEP 13 99
PSC-RECORDS/REPORTING



*Communications Central, Inc.
Office of Regulatory Affairs*

September 3, 1999

Records and Reporting
Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Cancellation of Certificate Number 880

Dear Sir or Madam:

In accordance with Docket Numbers 981798-TC, 990109-TC and 990200-TC, please accept this as a request to cancel the above referenced certificate.

Communications Central, Inc. has paid all Regulatory Assessment Fees that are due and owing to date. A copy of their final return is attached for your review. Any subsequent fees found to be applicable but not paid will be paid upon receipt of notification.

If you have any questions or concerns, please feel free to contact me at (813) 664-9797, extension 333.

Sincerely,

A handwritten signature in cursive script that reads "Dana Hoyle". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Dana Hoyle
Director of Regulatory Affairs

cc: Toni McCoy

RECEIVED

SEP 09 1999

CMU

Florida Public Service Commission
(See filing instructions on back of form)

STATUS:
 Actual Return
 Estimated Return

TC790
Communications Central, Inc.
 10120 Winahorst Road
 Tampa, FL 33619-7826

FOR PSC USE ONLY

Check # _____

\$ _____ 0603082
 \$ _____ 003001
 P
 \$ _____ 0603082
 \$ _____ 004011
 I

Postmark Date: _____
 Initials of Preparer: _____

PERIOD COVERED:
 01/01/1999 TO 12/31/1999

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	0
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment	5.00
7.	Interest for Late Payment	1.00
8.	TOTAL AMOUNT DUE	\$ 56.00

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 0

*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 revenues 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 the 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.

 (Signature of Company Official) (Title) (Date)

 (Please Print Name) Telephone Number () Fax Number ()
 P.F.I. No. _____

CHECK NO. 00145187

OUR REF NO	YOUR INVOICE NO	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET AMOUNT
288599	CHECK REQ	09/03/99	56.00			56.00
			-----			-----
			56.00			56.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

TELALEASING ENTERPRISES, INC.

ACCOUNTS PAYABLE ACCOUNT

10120 WINDHORST ROAD

TAMPA, FL 33619

CHECK NO. 00145187

FIRST UNION NATIONAL BANK

63-1012

632

CONTROL NO.
00145187

CHECK DATE
09/03/99

VENDOR NO.
113426

FIFTY SIX AND 00/100 *****

CHECK AMOUNT
\$*****56.00

PAY
TO THE
ORDER
OF

FLORIDA PUBLIC SERVICE COMM
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-0850

Michael E. Lopez