

991888-TX

APPLICATION

DEPOSIT

DATE

D 2 1 7

DEC 0 9 1999

1. This is an application for  (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Consumer Credit Assistance, Inc.

3. Name under which the applicant will do business (fictitious name, etc.):

Consumer Credit Assistance, Inc.

4. Official mailing address (including street name & number, post office box, city, state, zip code):

1850 Lee Rd #330

Winter Park, FL 32789

5. Florida address (including street name & number, post office box, city, state, zip code):

AS ABOVE

99 DEC - 8 AM 10:09  
MAIL ROOM  
RECEIVED  
SECRETARY'S OFFICE  
STATE COMMISSION

6. Structure of organization:

- ( ) Individual                       Corporation  
( ) Foreign Corporation    ( ) Foreign Partnership  
( ) General Partnership    ( ) Limited Partnership  
( ) Other \_\_\_\_\_

7. **If individual**, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

\_\_\_\_\_ N93000000653 \_\_\_\_\_

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

\_\_\_\_\_

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) The Florida Secretary of State fictitious name registration number:

\_\_\_\_\_

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

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12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): 59-3177429

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

NO

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(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: STEVEN HOFFMAN

Title: Pres.

Address: 888 Bentley Park Cir

City/State/Zip: WTR Spgs, FL 32708

Telephone No.: 407 359-3194 Fax No.: 407 359-3196

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Official point of contact for the ongoing operations of the company:

Name: STEVEN HOFFMAN

Title: Pres.

Address: 888 Bentley Park Cir

City/State/Zip: WTR Spgs, FL 32708

Telephone No.: 407 359-3194 Fax No.: 407 359-3196

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: STEVEN HOKKMAN

Title: Pres

Address: 1850 Lee Rd #330

City/State/Zip: WTR PARK, FL 32789

Telephone No.: 407 539-0232 Fax No.: 407 539-2266

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

NONE

(c) is certificated to operate as an alternative local exchange company.

NONE

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

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- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

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- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

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18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
  2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
  3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**APPLICATION TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE  
WITHIN THE STATE OF FLORIDA**

**ADDENDUM TO QUESTION #18**

The company has been in business for nine years in the State of Florida and has provided financial assistance, counseling and debt management services to over 30,000 individuals and families. Income is derived predominantly from financial institutions which subsidize the company's efforts to assist the customers of those institutions in maintaining financial stability.

The company has utilized the services of Liberty National Bank for its entire history. Inquiries may be directed to Karen Indiveri or Gary Lewis at (407) 894-1776.

The company currently leases commercial space totalling over 20,000 square feet, and has been a tenant of Southstate Management Corporation's Lee World Center for nearly seven years.

The company has liquid assets in excess of \$1,000,000 on deposit at Liberty National Bank.

Steven Hoffman is the President and founder of the company. He is also the owner of several other business, including a direct mail company, real estate management company, and a large pre-school.

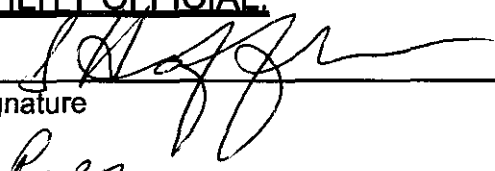
Patrick Ryan has been employed with the company since 1993. He is a graduate of University of Central Florida specializing in Information Systems Management. His duties include network administration, database development, and telephony-related issues. A staff of two assists in meeting the ongoing technical needs of the company.



**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Signature		Date	12/5/99
Title	Pres	Telephone No.	407 539-0232
Address:	1850 Lee Rd #330	Fax No.	407 539-2266
	WTR PK, FL 32789		

**ATTACHMENTS:**

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

N/A

**\*\* APPENDIX B \*\***

**INTRASTATE NETWORK (if available)**

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP: Addresses where located, and indicate if owned or leased.**

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.**

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.**

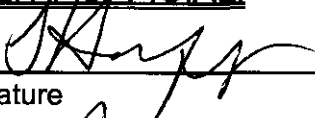
<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

**Further, I am aware that, pursuant to Chapter 837.06, 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, punishable as provided in s. 775.082 and s. 775.083."**

UTILITY OFFICIAL:

Signature	<u></u>	Date	<u>12/5/99</u>
Title	<u>Pres</u>	Telephone No.	<u>407 539-0232</u>
Address:	<u>1850 Lee Rd # 330</u>	Fax No.	<u>407 539-2266</u>
	<u>W72 PK, FL 32789</u>		

# State of Florida



## Department of State

I certify from the records of this office that CONSUMER CREDIT ASSISTANCE, INC. is a corporation organized under the laws of the State of Florida, filed on March 8, 1993.

The document number of this corporation is N93000000653.

I further certify that said corporation has paid all fees due this office through December 31, 1999, that its most recent annual report was filed on November 19, 1999, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-fourth day of November, 1999



CR2EQ22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

Certificate

I hereby certify that the attached unaudited financial statement, and any accompanying addendums, has been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the department to deny my participation in the application for which this report is submitted.

12/2/99  
(Date)

[Signature]  
(Signature)

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of Dec, 1999, by STEVE HOFFMAN who is personally known to me or who has produced known as identification and who did/did not take an oath.

(Seal)

[Signature]  
Notary Public-State of Florida at Large  
My Commission Expires:



Dated 9/24/97

**CONSUMER CREDIT SERVICES**  
**Balance Sheet**  
 As of December 31, 1997

A/T/F/S

Dec 31, '97

**ASSETS****Current Assets**

Checking/Savings	\$,354,931.15
Check Disbursal	-5,550,194.58
Check Disbursal/Payment	.540.78
Checking - Liberty	451,000.00
Money Market	54.80
North Carolina	99,748.07
Operating	-5,719.53
Trust	-247,781.45
Wages	100,495.70

Total Checking/Savings

Accounts Receivable

Accounts Receivable

Total Accounts Receivable

Total Current Assets

**TOTAL ASSETS****LIABILITIES & EQUITY****Liabilities****Current Liabilities**

Credit Cards	2,304.15
American Express	47.89
CapitalOne	-215.00
Credit Card	2,720.33
Office Depot	4,857.47

Total Credit Cards

Other Current Liabilities

Payroll Liabilities

Total Other Current Liabilities

Total Current Liabilities

Long Term Liabilities

Loan Payable

Total Long Term Liabilities

Total Liabilities

**Equity**

Opening Bal Equity

Retained Earnings

Net Income

Total Equity

**TOTAL LIABILITIES & EQUITY**

101,905.33

**CONSUMER CREDIT SERVICES**  
**Balance Sheet**  
 As of December 31, 1998

*Handwritten:* 11/15/98

Dec 31, '98

**ASSETS****Current Assets**

Checking/Savings	518,000.00
Money Market	58,516.40
Operating	11,735.80
Wages	<u>688,252.20</u>

Total Checking/Savings

Accounts Receivable	4,686.14
Accounts Receivable	<u>4,686.14</u>

Total Accounts Receivable

Total Current Assets

592,938.34

592,938.34

**TOTAL ASSETS****LIABILITIES & EQUITY****Liabilities****Current Liabilities****Credit Cards**

American Express	4,203.43
CapitalOne	65.43
Credit Card	-215.00
Office Depot	5,036.76
Office Max	<u>1,198.39</u>

Total Credit Cards

10,309.01

**Other Current Liabilities****Payroll Liabilities**

13,402.00

Total Other Current Liabilities

13,402.00

Total Current Liabilities

23,711.01

**Long Term Liabilities****Loan Payable**

-228,319.81

Total Long Term Liabilities

-228,319.81

Total Liabilities

-204,608.80

**Equity****Opening Bal Equity****Retained Earnings****Net Income**

200,314.25

110,313.68

486,619.23

797,547.14

Total Equity

592,938.34

**TOTAL LIABILITIES & EQUITY**

**CONSUMER CREDIT SERVICES**  
**Balance Sheet**  
 As of December 3, 1999

12/3/99  
 [Handwritten initials]

198

Dec 3, '99

**ASSETS****Current Assets**

## Checking/Savings

Money Market

Operating

Wages

1,498,000.00

-83,348.05

21,085.22

1,435,737.17**Total Checking/Savings****Accounts Receivable**

Accounts Receivable

4,666.14

**Total Accounts Receivable**4,666.14**Other Current Assets**

Funds Sweep

173,000.00

**Total Other Current Assets**173,000.00**Total Current Assets**1,633,423.31**TOTAL ASSETS**1,633,423.31**LIABILITIES & EQUITY****Liabilities****Current Liabilities****Credit Cards**

American Express

4,203.43

CapitalOne

85.43

Credit Card

-215.00

Office Depot

5,038.78

Office Max

1,196.39

**Total Credit Cards**10,309.01**Other Current Liabilities**

Payroll Liabilities

40,723.82

**Total Other Current Liabilities**40,723.82**Total Current Liabilities**

51,032.83

**Long Term Liabilities**

Loan Payable

-313,923.99

**Total Long Term Liabilities**-313,923.99**Total Liabilities**

-262,891.16

**Equity**

Opening Bal Equity

200,314.25

Retained Earnings

597,232.69

Net Income

1,098,787.33

**Total Equity**1,898,314.47**TOTAL LIABILITIES & EQUITY**1,633,423.31



# CONSUMER CREDIT SERVICES

## Profit and Loss

January 1 through December 6, 1999

Jan 1 - Dec 6, '99

<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Fair Share	1,723,598.31
Miscellaneous Income	486.83
Program Fees	924,104.89
<b>Total Income</b>	<b>2,648,190.03</b>
<b>Expense</b>	
A/P ALS	4,526.53
A/P-FDMS	-5,941.40
Advertising	114,230.96
Automobile Expense	2,314.12
Bad Debts	327.00
Bank Error	-2.00
Dues and Subscriptions	1,220.50
EQUIPMENT MAINTENANCE	2,335.03
Equipment Leasing	1,619.34
Federal Unemployment Tax	850.63
<b>Insurance</b>	
Dental	1,272.49
Liability Insurance	379.61
Insurance - Other	48,946.32
<b>Total Insurance</b>	<b>50,598.42</b>
<b>Interest Expense</b>	
MORTGAGE	16,646.00
<b>Total Interest Expense</b>	<b>16,646.00</b>
<b>Licenses and Permits</b>	
LIST	6,284.21
MAINTENANCE	1,694.49
Miscellaneous	46,378.45
Office Expense	98,992.98
Office Supplies	5,871.91
Payroll Expenses	429,391.94
Pension	2,418.74
Postage and Delivery	97,051.69
Printing and Reproduction	28,946.28
<b>Professional Fees</b>	
Accounting	320.00
Legal Fees	1,123.95
<b>Total Professional Fees</b>	<b>1,443.95</b>
<b>Program Expense</b>	
Referral	9,046.41
Refund	478.57
Refund	25,717.53
Rent	132,168.64
<b>Repairs</b>	
Equipment Repairs	1,838.17
JANITORIAL	692.78
<b>Total Repairs</b>	<b>2,530.95</b>
<b>Sales Expense</b>	
SECURITY SYSTEM	131,609.01
SECURITY SYSTEM	186.90
State Unemployment Tax	1,907.44
Tax	184,555.56
Telephone	118,657.72
TEMPORARY STAFF	18,496.61
Transfer/Bank	10,000.00
<b>Travel &amp; Ent</b>	
Travel	1,789.20
<b>Total Travel &amp; Ent</b>	<b>1,789.20</b>
<b>Utilities</b>	
Gas and Electric	4,685.10
WATER	393.29

**CONSUMER CREDIT SERVICES**  
**Profit and Loss**  
January 1 through December 6, 1999

	<u>Jan 1 - Dec 6, '99</u>
Total Utilities	5,078.39
Total Expense	<u>1,549,422.70</u>
Net Ordinary Income	<u>1,098,767.33</u>
Net Income	<u><u>1,098,767.33</u></u>

Alt. Local Exchange

991888-TX

APPLICATION DEPOSIT DATE  
D217 DEC 09 1999

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3. Name under which the applicant will do business (fictitious name, etc.):

4. Official mailing address (including street name & number, post office box, city, state, zip code):

1850 Lee Rd #330

Winter Park, FL 32789

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
99 DEC -8 AM 10:09  
MAIL ROOM

CONSUMER CREDIT ASSISTANCE,  
1850 LEE ROAD, SUITE 330  
WINTER PARK, FL 32789

LIBERTY NATIONAL BANK  
ALTAMONTE SPRINGS, FL 32714-4048  
63-1118/631

5016

12/1/99

PAY TO THE ORDER OF Florida Public Service Commission

\$ \*\*250.00

Two Hundred Fifty and 00/100

DOLLARS  
Security features included.  
Details on back.

Florida Public Service Commission  
Div Of Records and Reporting  
2540 Shymard Oak Blvd  
Tallahassee, FL 32399-0850

DOCUMENT NUMBER - DATE

15113 DEC -9 99

STEVEN HOFFMAN, PRESIDENT

MEMO ALEC Application Fee

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