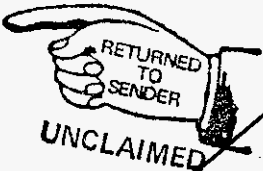


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

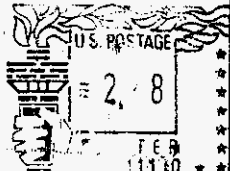
ORIGINAL

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-355



Alternative Vending Concepts, Inc.
 Elizabeth C. Durkan

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]



FIRST NOTICE
 DEC 13 1999
 SECOND NOTICE
 12-21
 12-30

Domestic Return Receipt

6. Signature: (Addressee or Agent) X

5. Received by: (Print Name)

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

955 E 8th Ave
 DM South R 33444

As your RETURN ADDRESS, formulated on the reverse side?

2383

- Certified
- Insured
- COD

99-355

Alternative Vending Concepts, Inc.
 Elizabeth C. Durkan

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.
 91308

MAILING SERVICE CODES:
 AFA APP CAF CMU CTR EAG LEG MAS OPC RRR SEC WAW OTH

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
 00051 JAN-38
 FPSC-RECORDS/REPORTING