

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check#	201
\$ 50.00	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	1/7/00
Initials of Preparer	MC

TG377  
 South Line Telephone Company, Inc.  
 10101 West Okeechobee Road, #25102  
 Hialeah Gardens, FL 33016-3116

DEPOSIT DATE  
 D225 JAN 10 2000

RECEIVED  
 00 JAN 10 AM 9:30  
 MAIL ROOM

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 (Florida)	\$
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	<b>TOTAL AMOUNT DUE</b>	\$ 50.00

P. Isler  
 R&R

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 5

LAZARO M. REINOSO  
 305-512-7096  
 10101 W OKEECHOBEE RD., #25102  
 HIALEAH, FL 33016

63-8413/2670  
 1951540913

201

DATE DEC-26-99

PAY TO THE ORDER OF Florida Public Service Commission \$ 50.00

Cinquantita Dollars

DOLLARS

DEC-26-99 (Date)

Washington Mutual

Washington Mutual Bank, FA  
 Miami/Coral Reef Financial Center 1713  
 15104 S. Dixie Highway  
 Miami, FL 33176

Gold Customer

DOCUMENT NUMBER-DATE

00485 JAN 11 2000

fax Number (305) 8218879

No. 991329-TC

5908

NOTES DOCKET NO. 991329-TC

PSC RECORDS REPORTING

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG377  
 South Line Telephone Company, Inc.  
 10101 West Okeechobee Road #23102  
 Hialeah Gardens, FL 33016-3116  
 DEPOSIT DATE  
 D 2 2 5 JAN 10 2000

**FOR PSC USE ONLY**

Check# 201

\$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P  
 0603002  
 004011  
 \$ \_\_\_\_\_ I

Postmark Date 1/7/00  
 Initials of Preparer MC

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 (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

*P. Isler  
R&R*

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 5

\* These amounts must be intrastate only and must be verifiable.

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 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.

(Signature of Company Official)

LAZARO M. REINOSO  
 (Preparer of Form - Please Print Name)

President  
 (Title)

DEC-26-99  
 (Date)

Telephone Number 305-5127096 Fax Number (305) 8218879

F.E.I. No. DOCKET No. 991329-TC  
CERT. NO. 5908

FLORIDA PUBLIC SERVICE COMMISSION  
COMMUNICATIONS / ELECTRIC / GAS UTILITY  
REGULATORY ASSESSMENT FEE EXTENSION REQUEST

South Line Telephone Comp Inc.  
(Utility)

Socket No. 991329 te  
(Utility Code) (FEID No.)

Mailing Address: 10101 W OKEECHOBEE RD #25102  
HISLEAH GARDENS FL 33016

This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:

PERIOD JANUARY 1 - DECEMBER 31, 1999

15 days to February 15  
 30 days to March 1

REASON FOR REQUEST: \_\_\_\_\_

[Signature]  
(Signature)  
President  
(Title)

DEC 26 1999  
(Date)  
(305) 512 7096  
(Telephone Number)  
(305) 821 8879  
(FAX Number)

NOTE TO UTILITY

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below AT LEAST TWO WEEKS before the payment due date of January 31, 2000. Once your request is received, you will be notified by phone and a letter will be mailed or faxed indicating that your request was approved or denied. THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.
- If an extension of 15 days or less is approved, 0.75% of the fee is to be included when making payment.
- If an extension of 16 to 30 days is approved, 1.5% of the fee is to be included when making payment.

FOR PUBLIC SERVICE COMMISSION USE ONLY

Request Approved

Request Denied

The 199\_\_ Regulatory Assessment Fee has not been received.

The 199\_\_ Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 199\_\_ Regulatory Assessment Fee.

The request was received too late for processing.

Other: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(Chief, Bureau of Fiscal Services) (Date)

IF YOU HAVE QUESTIONS, PLEASE CONTACT JACKIE KNIGHT AT (850) 413-6267, FAX (850) 413-6268, OR WRITE TO:  
DIVISION OF ADMINISTRATION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.