

000965

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2003

Pay Telephone Service Provider Regulatory Assessment Fee Return

FLORIDA PUBLIC SERVICE COMMISSION
Florida Public Service Commission
See Filing Instructions on Back of Form

STATUS:
Actual Return
Estimated Return
Amended Return

*P. Isler
ROR*

TF508
MAIL ROOM
Malecon Pharmacy, Inc.
5966 West 16th Avenue
Hialeah, FL 33012 6814

DATE
OCT 16 2003

D374

FOR PSC USE ONLY

Check# 12432

\$ 53.00 0603002
003001

\$ 12.50 P
0603002
004011

\$ 5.50 1

Postmark Date 10/11/00
Initials of Preparer MC

PERIOD COVERED:
01/01/99 TO 12/31/99

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)	\$ <u>780.00</u>
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>468.00</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>312.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>67.00</u>

APP
CAF
CMF
COM
CTR
ECR
LEG
OPC
PAI
RGO
SEC
SER
OTH

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 1



MALECON PHARMACY INC.
5966 WEST 16TH AVENUE
HIALEAH, FL 33012

12432

PAY TO THE ORDER OF

P.S.C.

DATE 10/5/00

63-219/660
225

Seventy one dollars & 00/100

\$ 71.00

DOLLARS

UNION PLANTERS BANK

FOR *P.S. Cent. TF508*

DOCUMENT NUMBER-DATE

13084 OCT 16 2003

00124320

FPSO-RECORDS/REPORTING