

May 3rd, 2001

CONFIDENTIAL

Public Service Commission
Capitol Circle office center
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Via facsimile

Re: Docket No. 010426 – TC

Dear Mrs. Isler:

This letter is in response to a your offices letter concerning the above Docket number and my follow-up conversation on Monday May 1st, 2001. I would like to thank you for all your help with my father's situation concerning a delinquent 1999 and 2000 regulatory assessment fee.

As I stated in my first letter the problem started with the Public Service Commission and my now deceased father's delinquent pay telephone certificate which has been "literally thrown into my lap". Being the oldest son in our family, the responsibility of settling up all of his business affairs was left in my hands. I admit that during the course of his last months in his short-lived life, he mentioned transferring his telephone into my name and never mentioning anything about an annual certificate application or any associated fees. Unfortunately, due to his courageous battle with cancer, which subsequently ended his life suddenly, he was never able to complete this process.

Currently, I am in the process of removing the telephone and shutting off the phone line. Therefore, I would like to voluntarily cancel the pay telephone certificate No. 2747 in the name of Fred Tosti.

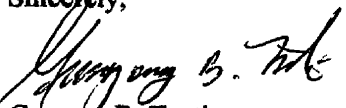
In lieu of the fact, that the Public Service Commission would like to collect on all past due account's, "which I must say, I don't blame them at all", Enclosed please find a copy of Fred's death certificate to substantiate my apparent claim.

I can only hope that the commission would please consider voting to completely write-off the amount owed by my father.

Fortunately, my father only owned one telephone and he used this particular telephone as a way of visiting with myself. Needless to say that won't be happening anymore. If for any reason that you have any questions please don't hesitate to call me, I can be reached at my office (954) 428-2125 our fax number is (954) 428-2108. Thanking you in advance.

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- EGR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTH _____

Sincerely,



Gregory B. Tosti
1670 NW third Street
Deerfield Beach, Florida 33442

Enclosure (1)
Fred Tosti's death certificate

2001 MAY -7 PM 3:04
DIVISION OF
COMPETITIVE SERVICES

DOCUMENT NUMBER-DATE

05827 MAY-8 06

FPSC-RECORDS/REPORTING

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO		1 DECEDENT'S NAME FIRST: Frederick MIDDLE: J LAST: Postl		2 SEX Male	
3 DATE OF DEATH (Month Day Year) April 7, 2001		4 SOCIAL SECURITY NUMBER 115-24-3562		5a AGE LAST BIRTHDAY (Years) 68	
6 DATE OF BIRTH (Month Day Year) August 3, 1932		7 BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York		5c UNDER 1 DAY Hours: Minutes	
9a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Residence Hospice Aventura Hospital & Medical Center		9b INSIDE CITY LIMITS? (Yes or No) Yes		9c COUNTY OF DEATH Miami-Dade	
10a DECEDENT'S USUAL OCCUPATION Owner		10b KIND OF BUSINESS/INDUSTRY Beauty School		11 MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Married	
13a RESIDENCE - STATE Florida		13b COUNTY Broward		13c CITY TOWN OR LOCATION Hollywood	
13d INSIDE CITY LIMITS? (Yes or No) Yes		13f ZIP CODE 33019		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes specify Haitian Cuban Mexican, Puerto Rican etc.) X No Yes	
15 RACE - American Indian Black White etc. Specify White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (11-4 or 5 + 1 (10-12)) 2		17 FATHER'S NAME (First, Middle, Last) Joseph Tosti	
18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Caliendo		19a INFORMANT'S NAME (Type/Print) Anna Tosti		19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1201 S. Ocean Drive #2305 S Hollywood, FL 33019	
20a METHOD OF DISPOSITION Burial X Cremation Removal from State Donation Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) ABCO Crematory		20c LOCATION - City or Town State Ft. Lauderdale, FL	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Denise Freed</i>		21b LICENSE NUMBER (of Licensee) 4328		21c NAME AND ADDRESS OF FACILITY Panciera Memorial Home 4200 Hollywood Blvd. Hollywood, FL 33021	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>Emad Ekladios</i>		22b DATE SIGNED (Mo, Day Yr) 4/9/01		22c HOUR OF DEATH 11:00 P.M.	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) <i>Emad Ekladios</i>		23b DATE SIGNED (Mo Day Yr)	
23c HOUR OF DEATH		23d MEDICAL EXAMINER'S CASE #		24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Emad Ekladios, MD 1117 E. Hallandale Beach Blvd. Hallandale, FL 33009	
25a SUBREGISTRAR - SIGNATURE AND DATE <i>Marie Darden</i> April 9, 2001		25b LOCAL REGISTRAR - SIGNATURE <i>Marie Darden</i>		25c TIME REGISTERED APR 12 2001	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

APR 12 2001

BY

Marie Darden

State Registrar

WARNING:

12180862

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

