

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
PCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG611-01-0-R
 M and L Enterprises
 191 22nd Street, N.E.
 Naples, FL 34120-3626
DEPOSIT **DATE**
D 157 **JAN 23 2002**

FOR PSC USE ONLY
 Check# 159
 \$ 50.00 0603002
 003001
 \$ _____ P _____
 0603002
 004011
 \$ _____ I _____
 Postmark Date 1/19/02
 Initials of Preparer MC

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

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>946.20</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(0)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>946.20</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>1.42</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

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

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GOL 9 _____
- OPC _____
- MMS _____
- SEC I _____
- OTH _____

Number of pay telephones in operation at close of period covered by this Return

0

Out of business as of April 30th, 2001

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.

Michael Myers
 (Signature of Company Official)

Owner
 (Title)

1/19/02
 (Date)

Michael Myers
 (Preparer of Form - Please Print Name)

Telephone Number (941) 354-2902 Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

00816 JAN 23 02

FPSC-COMMISSION CLERK