

BEST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2002
Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission **FPSC**

(See Filing Instructions on Back of Form)

TE958-0140-R
 The Rose Tattoo
 P. O. Box 4623
 Key West, FL 33041-4623
 DEPOSIT
D172 FEB 06 2002 020000-PV
 930931-TC

ORIGINAL
 FOR PSC USE ONLY
 Check# 2818
 \$ 50.00 0603002
 003001
 \$ _____ P _____
 0603002
 004011
 \$ _____ I _____
 Postmark Date 1-30-02
 Initials of Preparer RF

Please Complete Below If Official Mailing Address Has Changed

US: Actual Return
 Estimated Return
 Amended Return

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

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	AUS Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	CAF Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <u>0</u>
9.	Number of pay telephones in operation at close of period covered by this Return	<u>0</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

* 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) (Title) (Date)

Wade Ferrage
 (Preparer of Form - Please Print Name)
 Telephone Number (305) 296 4125 Fax Number ()
 F.E.I. No. (65-074309)

Pay Phones Have Been Discontinued
 DOCUMENT NUMBER DATE
 417 FEB-6 02
 FPSC-COMMISSION CLERK