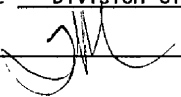


ORIGINAL

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 6/18/02

Docket No. 020544-TC

- 1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy
- 2. OPR Toni McCoy/CMP 
- 3. OCR Legal

4. Suggested Docket Title Request for cancellation of Pay Telephone Services Certificate No. 2520 by Lyst Enterprises, Inc., effective 6/7/02.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested persons and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

COMPANY IDENTIFICATION

Printed on 06/18/2002 at 11:36:35 by TJM

Complete Name: Lyst Enterprises, Inc.

Mailing Name: Lyst Enterprises, Inc.

Company Code: TE213

FEID Number: 65-0203587

COMPANY INFORMATION

Address Line 1: 1550 N.W. Le Jeune Road

Address Line 2:

City: Miami

State: FL Zip Code: 33126-1414

Reg. Date: 07/24/1990

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 2520

Certificate 2:

Corporate Type: Not Available

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count: 74

County 1:

County 2:

County 3:

County 4:

Bankruptcy: No

COMPANY IDENTIFICATION

Printed on 06/18/2002 at 11:36:31 by TJM

Complete Name: Lyst Enterprises, Inc.

Mailing Name: Lyst Enterprises, Inc.

Company Code: TE213 FEID Number: 65-0203587

MAILING INFORMATION

Attention:

Address Line 1: 1550 N.W. Le Jeune Road

Address Line 2:

City: Miami State: FL Zip Code: 33126-1414

E-mail Address: ssimon@BWMAI.com

Web Address:

Liaison 1: Steven Simon

Liaison 2:

Title: President

Title:

Phone: (305) 871-2345

Phone:

E-mail: ssimon@BWMAI.com

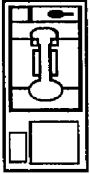
E-mail:

Fax 1: (305) 871-2811

Fax 2:

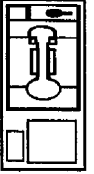
County:

TE213



LYST ENTERPRISES, INC.

Public Phones



Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Attn: Paula Isler

Dear Ms. Isler,

As per our telephone conversation on June 4, 2002 Lyst Enterprises, Inc (TE213) is no longer in the Payphone business, and is requesting that our certificate be cancelled retroactive to December 31,2001. I understand that I need to pay the Regulatory Assessment for 2001 as well as the \$50 minimum fee for the calendar year 2002.

If you have any further questions, please feel free to contact me at (305)871-2345.

Sincerely,

Steven Simon
President-Lyst Enterprises, Inc.

2002 JUN -7 AM 8:22
DISTRIBUTION CENTER

RAF LYST ENTERPRISES

JSM

COMPANY NAME: Lyst Enterprises, Inc. CO. CODE: TE213

COMPANY LIAISON: Steven Simon, President

DOCKET NO.: _____ CERTIFICATE NO.: 2520 EFFECTIVE: 07/24/90

RAF RETURN NOTICE: _____

2001
DELINQUENT NOTICE: Delivered: 02/23/02 Signed for by: Name illegible

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2001

YEAR(s) PENALTIES & INTEREST NOT PAID: 2001

REVENUES/YEAR: \$117,646/2000 (01/16/01)

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

05/28/02 - Wrote company (mailed) - Response due 06/18/02.

6/3/02 - v/m msg. @ 1.13pm fr. S.S. Sd. Co. not in
bs. since Dec. 2001; does not want us to
send him anymore info; & wants cert.
cancelled.

- Called S.S. & left v/m msg. @ 3.48pm Expl
to cancel, he needs to write a letter req.

Cont.

6/3/02 - Cancellation, pay the 2001 RAF, P&I, and either pay 2002 RAF or provide a date certain it will be paid.

6/4/02 - S.S. called @ 10:30 am. He will send letter req. cancellation & pay 2001 & 2002 RAFs.

6/10/02 - From Co. (Steven Simon) - ① Paym. of 2001 & 2002 RAFs ② Letter requesting cancellation.

6/11/02 - Forwarded file to Jackie Gilchrist for handling.

Voluntary cancellation, Eff. 6/7/02.

COMPANY IDENTIFICATION

Printed on 06/18/2002 at 11:52:55 by TJM

Complete Name: Lyst Enterprises, Inc.

Mailing Name: Lyst Enterprises, Inc.

Company Code: TE213 FEID Number: 65-0203587

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:	07/24/1990	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Satisfied		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:	0.0015	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$50.00	\$50.00	\$0.00

Last modification was made on Wednesday, June 12, 2002 at 11:05 AM by Jackie Knight

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*✓ P. Isler
cc: A*

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TE213-01-0-R
Lyst Enterprises, Inc.
1550 N.W. Le Jeune Road
Miami, FL 33126-1414

FOR PSC USE ONLY

Check# 7123

\$ 110.00 0603002
003001

\$ 12.50 P: 0603002
004011

\$ 2.50 I

Postmark Date 6/5/02

Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DATE: cc: P. Isler

DEPOSIT

D222

JUN 10 2002

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>114,306.58</u>
2.	Gross Intrastate Revenue	<u>10,165.18</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>10,165.18</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>15.25</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>25.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$ <u>\$75.00</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

9. Number of pay telephones in operation at close of period covered by this Return 44

*\$75.00 for 2001
50.00 for 2002
\$125 Total*

* 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)

Steven Jimm
(Preparer of Form - Please Print Name)

Telephone Number (305) 871-2310 Fax Number ()

F.E.I. No. 65 0203587

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

May 28, 2002

Mr. Steven Simon, President
Lyst Enterprises, Inc. (TE213)
1550 NW Le Jeune Road
Miami, FL 33126-1414

Dear Mr. Simon:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

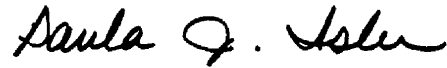
If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 18, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$1,000 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy attached. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

Mr. Steven Simon, President
Page 2
May 28, 2002

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax,
at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large initial 'P' and 'I'.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TE213-01-0-R
 Lyst Enterprises, Inc.
 1550 N.W. Le Jeune Road
 Miami, FL 33126-1414

 cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (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.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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.	TOTAL AMOUNT DUE	\$ _____

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 _____

* 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)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
 - (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

- (2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.
 - (a) Statement of intent and date to pay Regulatory Assessment Fee.
 - (b) Statement of why the certificate is proposed to be cancelled.

- (3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

REVERSE
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS COLUMN TO BE OPENED
 TO COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TE213 Lyst Enterprises, Inc.
 1550 N.W. Le Jeune Road
 Miami, Florida 33126-1414

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 2/23/02
C. Signature X <i>[Signature]</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
 (Transfer from service label) 7001 2510 0007 6218 4646

FS8