

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

Actual Return

Estimated Return

Amended Return

P. Isler
CCA

8-20000
Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG735-01-0-R
3290 Sunrise Investments, Inc.
3291 West Sunrise Blvd.
Ft. Lauderdale, FL 33311-5603

FOR PSC USE ONLY	
Check#	61592
\$	63.72
\$	15.93
\$	3.19
Postmark Date	6/17/02
Initials of Preparer	MC

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

DEPOSIT DATE: CC: P. Isler

D225 JUN 20 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)	\$ 42,476.50
2.	Gross Intrastate Revenue	- 0 -
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(135.00)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 42,475.15
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	63.72
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 25%	15.93
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back) 5%	3.19
8.	TOTAL AMOUNT DUE	\$ 82.84

AUS _____ AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CAF _____

CMP _____ THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

COM _____

CTR _____

ECR _____

3CL 9. _____ Number of pay telephones in operation at close of period covered

OPC _____ by this Return

AMS _____

SEC _____

OTH _____

Please accept our apology 26
Please note we
never rec'd this form!

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.

Lori Parrish
(Signature of Company Official)
LORI PARRISH
(Preparer of Form - Please Print Name)

V.P.
(Title)
6/17/02
(Date)
Telephone Number 954 792-7963 Fax Number (954) 792-7962
F.E.I. No. _____

DOCUMENT NUMBER - DATE
06391 JUN 20 02
FPSC-COMMISSION CLERK