

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler
leea*

- Actual Return
- Estimated Return
- Amended Return

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

TG670-01-0-R
Val Tel Communications, Inc.
800 Jeffery Street, #104
Boca Raton, FL 33487-4165
CC: P. Isler

FOR PSC USE ONLY
Check# 1054
\$ 50.00 0603002
\$ 10.00 003001
P 0603002
004011
I
Postmark Date 6/24/02
Initials of Preparer MC

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

DEPOSIT DATE

D227 JUN 28 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> </u>
2.	Gross Intrastate Revenue	<u> </u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u> </u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u> </u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u> </u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u> 10.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u> </u>
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 _____
GCL _____
OPC _____
MMS _____
SEC Number of pay telephones in operation at close of period covered
OTH _____ 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.

Timothy P. DeWalle (Signature of Company Official) PLMS/Dave (Title) 6/23 (Date)
TIMOTHY P. DEWALLE (Preparer of Form - Please Print Name)
Telephone Number 561 988 4042 Fax Number ()
F.E.I. No. 6509 22971

06691 JUN 28 02

FPSC-COMMISSION CLERK

Mr. Timothy P. DeValle, President
Page 2
June 6, 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,



Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

PAULA
PHASIS
CREDIT ACCTG
DORMANT
CANCEL
CO.
1 year
MRS BRAN
over 1 year
SINCERELY
Tim DeValle