



ORIGINAL

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DISTRIBUTION CENTER

October 14, 2002

Ms. Blanca Bayo
Director
Division of the Commission Clerk & Administrative Services
FLORIDA PUBLIC SERVICE COMMISSION
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Proposed Settlement for Docket No. 020584-TX
Maxcess, Inc.

Daer Ms. Bayo:

Enclosed is a copy of the 2001 Alternative Local Exchange Company Regulatory Assessment Fee Return, which was filed on August 8, 2002, along with a copy of the money order in ths amount of Sixty-six Dollars and Fifty Cents (\$66.50) as payment in full for the fees, penalties and interest due at the time of filing, on behalf of Maxcess, Inc.

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

Maxcess definitely wishes to keep its Certificate active in and in compliance with Commission rules. We apologize for the oversight in filing this document. Unfortunately, Technology Management, Inc., our regulatory agent, failed to notify us of the necessary regulatory forms that had not been filed as of the date they resigned. We have since taken steps to prevent future late filings of the regulatory assessment fees.

Since our return was filed, although late, Maxcess respectfully proposes to pay \$100 as a monetary settlement for the violation, which will be paid within 10 business days after the Commission Order is issued. The Company agrees to waive any objection to the administrative cancellation of its certificate should Maxcess, Inc., fail to pay in accordance with its settlement offer. If, however, there is a factual dispute as to the manner or level of compliance with any provision in the settlement, Commission staff will bring this matter to the Commission for consideration.

We appreciate your consideration of this settlement offer and, as always, please do not hesitate to contact me at (407) 330-9762 should you have any questions on this matter.

Sincerely yours,

Handwritten signature of Glenn P. Kernweis
Glenn P. Kernweis
VP Corporate Finance

DOCUMENT NUMBER - DATE
11841 OCT 29 02
FPSC-COMMISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

# Alternative Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX343-02-0-R  
 Maxcess, Inc.  
 P. O. Box 951419  
 Lake Mary, FL 32795-1419

PERIOD COVERED:

01/01/2001 TO 12/31/2001

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P 0603006  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

Please Complete Below if Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	701,060.14	57,330.62
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	139,262.58	139,262.58
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 196,593.20
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		491,886.44
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		295,293.24
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.00	
13.	TOTAL AMOUNT DUE		\$ 66.50

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS

( ) Facilities-Based Provider

Reseller

( ) Other: \_\_\_\_\_

BILLING INFORMATION

Complete below if billing agent if other than yourself

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? ( ) YES  NO

IF YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

James C. Marchant  
 (Signature of Company Official)

President & CEO  
 (Title)

8/6/02  
 (Date)

JAMES C. MARCHANT  
 (Preparer of Form - Please Print Name)

Telephone Number 408 330 9762 Fax Number 408 330-2973

F.E.I. No. 59-3551189

**WALMART** TRAVELERS EXPRESS INTERNATIONAL MONEY ORDER

7626550183

ISSUING OFFICE: *343-0208* (ISSUING OFFICE)

PAY TO THE ORDER OF: *Florida Public Service*

AMOUNT: *46650*

NOT GOOD OVER

PAY ONLY THIS AMOUNT

PURCHASER/SIGNER FOR DRAWER: *Mayer, Inc*

ADDRESS: *PO Box 15749 Lake Mary FL 32745*

DATE: *1/19*

COMPASS TRAVELERS EXPRESS COMPANY

*voucher 005204*