

## ORIGINAL

American Management & Holdings Group, Inc. PO Box 40956 Redford, MI 48240 Phone: (313) 532-1691 Email: Hapateam@sbcglobal.net

January 22, 2004

Florida Public Service Commission David Brown 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 COMMISSION

RECEIVED-179SC

RE: Account Classification / Cancellation of Certificate

David:

This is a follow up of our telephone conversation of January 22, 2004.

My business partner died in a car crash in September of 2003. After this date we did not continue the pay phone business. We transferred a few phones to another pay phone company and disconnected the remaining phones.

All together we have been in business only a few months. Our total income for 2003 was less than \$ 300.00.

As discussed I am enclosing a check in the amount of \$ 50.00 which is the minimum annual fee.

At the same time I would like to cancel the Certificate in the State of Florida.

Should you have further questions please contact me at 313-215-2621. Please forward all mail to the address on the top of the letterhead.

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Thank you very much.

Sincerely.

Hans Glinski President AM&HG Inc.

DOCUMENT NUMBER-DATE

01153 JAN 27 3

FPSC-COMMISSION CLERK

## to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2004 Pay Telephone Service Provider Regulatory Assessment Fee Return

<b>v</b> 1		
STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TG957-03-0-R American Management & Holdings Group, Inc. 5340 Central Avenue, Suite B St. Petersburg, FL 33707-6130	\$ <u>5000</u> 0603002 003001 \$P 0603002 004011
<b>PERIOD COVERED:</b> 08/28/2003 TO 12/31/2003	D421 JAN 27 2004	\$I Postmark Date <u>1~24-04</u>
NUNNYe	U421 JAN 272004	Initials of Preparer <u>P</u>
ANTACUAN 46NT & INDUNES 6 (Name of Company)	Please Complete Below If Official Mailing Address Has Changed EP. 142. 5340 (intral live Ste B) (Address)	Pukushing, FL 33707 (City/State). (Zip)
LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1. Gross Operating Revenue (Florida)		\$ 295.00
2. Gross Intrastate Rev	enue	
3. LESS: Amounts Pai (see "2. Fees" on bac	d to Other Telecommunications Companies* k)	()
4. TOTAL REVENUE (Line 2 less Line 3)	ES for Regulatory Assessment Fee Calculation $\frac{1}{2}$	\$
5. Regulatory Assessme	ent Fee Due – (Multiply Line 4 by 0.0015)	
6. Penalty for Late Pay	ment (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)		s and a subject of the
8. TOTAL AMOUNT DUE		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
AS PROVIDE	D IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM A	ANNUAL FEE IS \$50 <sup>76 (2017)</sup>
THIS FORM MUST BE C	COMPLETED AND RETURNED REGARDLESS OF THE AMOUN	IT OF REVENUES REPORTED
9. Number of pay telep by this Return	hones in operation at close of period covered	0
* These amounts must be <u>intrastate only</u> and m	ust be verifiable.	· · ·
true and correct statement. I am aware that public servant in the performance of his offic	bove-named company, have read the foregoing and declare that to the best of my k pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false state cial duty shall be guilty of a misdemeanor of the second degree.	nowledge and belief the above information is a ement in writing with the intent to mislead a
(Signature of Compa HTTNS GLINSKI (Preparer of Form - Please	Telephone Number (313) 215-262	(Date) Fax Number (\$13) 532-1691
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