

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date: 8/31/2004 **Docket No.:** 040993-TC

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of Competitive Markets & Enforcement

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Compliance investigation of Richard A. Kral for apparent violation of Rule 25-4.0161, FAC,

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.

DOCUMENT NUMBER-DATE
09541 SEP-18

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

May 26, 2004

Mr. Richard A. Kral (TE049)
4131 Stirling Road, #305
Fort Lauderdale, FL 33314-7529

Dear Mr. Kral:

The Commission received your 2003 Regulatory Assessment Fee return form showing zero revenues. However, payment of the \$50 minimum Regulatory Assessment Fee was not included. The 2003 Regulatory Assessment Fee was due by January 30, 2004. Since payment was not included with your return, statutory late payment charges in the amount of \$15 are now applicable if payment is postmarked by June 28th.

The Regulatory Assessment Fee is assessed if a certificate is active for any one day during a calendar year, even if a company had no revenues or ever started operations during the period covered.

Therefore, if you are not requesting cancellation of your certificate (copy of the cancellation rule is attached), please send payment of the minimum \$50.00 2003 fee, the \$15.00 late payment charges, and a copy of the completed 2003 Regulatory Assessment Fee return form enclosed. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures
TMS #1280

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

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

TE049-03-0-R
Richard A. Kral
4131 Stirling Road, #305
Ft. Lauderdale, FL 33314-7529

cc: P. Isler
INACTIVE FOR 2003

FOR PSC USE ONLY

Check# _____

\$ - 0 - 0603002
003001

\$ _____ P 0603002
004011

\$ _____ I

Postmark Date 12-16-03

Initials of Preparer RM

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> NONE </u>
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 NONE

* 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)

OWNER 12/16-03
(Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number 954-585-3993 Fax Number 954-585-3993

F.E.I. No. 2278

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.

TE049-03-0-D

SENDER: 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:

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X



- Agent
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7186

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 09:31:09 by PJI

Complete Name: Richard A. Kral

Mailing Name: Richard A. Kral

Company Code: TE049 FEID Number: 65-0324128

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 04/14/1989 Inactive Date:
 Service: PAT - Pay Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 3, 2003 at 9:42 AM by David Brown

Period covered: 01/01/2003 through 12/31/2003 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2004
 Delinquent letter mailed on 02/19/2004
 RAF form mailed on 12/03/2003

MCD Company Information for TE049

Printed on 08/27/2004 at 12:52:11 by PJI

Company Code: TE049
Complete Name: Richard A. Kral
Mailing Name: Richard A. Kral
Certificate No(s): 2278
Status: Active
Regulation Date: 04/14/1989
Bankruptcy: No
Company Liaison #1: Richard Kral
Title: President/Owner
Mailing Address: 4131 Stirling Road, #305

Physical Location: Ft. Lauderdale, FL 33314-7529
4131 Stirling Road, #305

Phone: Ft. Lauderdale, FL 33314-7529
(954) 585-3993
Fax: (954) 585-3993

Related Dockets:

890276-TC

Application of RICHARD A. KRAL for certificate to provide pay telephone service.