

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(Instructions For Filing On Back of Form)

STATUS:

 Actual Return
 Estimated Return

PERIOD COVERED:

July 1 TO Dec 31

TD505
 AALL STATES TELEPHONE COMPANY
 P. O. BOX 16-1112
 MIAMI, FL 33116-1112

FOR PSC USE ONLY

\$ 0 0603002
 003001
 \$ _____ P
 0603002
 004010
 \$ _____ I

Complete Below If Address Has Changed

910170-TC

ORIGINAL FILE COPY!

Utility Name _____ Address _____ City / State _____ Zip Code _____

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intrastate Revenue	\$ _____
3.	LESS: Amounts Paid For Services To Other Telephone Companies From 10-01-90 thru 12-31-90 (Attach Listing)*	\$ (_____)
4.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____
5.	Regulatory Assessment Fee Due (1/8 of 1% of Line 4)	\$ _____
6.	LESS: APPROVED Prior-Period Overpayment	\$ (_____)
7.	NET REGULATORY ASSESSMENT FEE DUE	\$ _____
8.	Penalty for Late Payment	\$ _____
9.	Interest for Late Payment	\$ _____
10.	TOTAL AMOUNT DUE (Regardless of the amount of revenues collected, the MINIMUM AMOUNT DUE Is \$25.00 *	\$ _____

Please Cancel License 2/1/91
Thank you
[Signature]

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner / officer of the above-named utility, have read the foregoing. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the above is a true and correct statement of gross revenues derived from intrastate business for the period indicated.

Utility Official: _____ (Signature) _____ (Date) _____ (Title)
 _____ (Name - Please Print) Telephone Number () _____
 F.E.I. No. _____

DOCUMENT NUMBER-DATE

05234 MAY 23 1991

PSC-RECORDS/REPORTING