

EMENKAY, INC.
391 BREEZEWAY AVE.
PALM BAY, FL 32907
(407) 724-4639
☎ (407) 952-9643

January 25, 1996

Florida Public Service Commission
Gunter Building, 2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

Dear Sir or Madam:

Please find enclosed our Application Form for Certification to Provide Pay Telephone Service Within the State of Florida, plus five copies of the application, plus copies of our Articles of Incorporation. Attached to the Articles of Incorporation is a copy of our 1996 Corporation Annual Report to reflect address change reported to the Florida Department of State.

We were unsure about question number 4, part C, as it asks about being incorporated outside the state of Florida. We want to clarify that we are incorporated in the State of Florida only, and Matthew D. Hecht is the Florida Registered Agent.

For the past two years Emenkay, Inc. has been servicing and maintaining public telephones as contract labor for other private owners. We feel that in owning our own telephones, we can provide very good service in accordance with the rules established by the Florida Public Service Commission.

Thank you in advance for your consideration of our application.

Sincerely,

Kelly Hecht

Kelly Hecht, Secretary
EMENKAY, INC.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
JAN 29 1996
MAIL ROOM

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ORIGINAL FILE

DEPOSIT TO ACCOUNT
0259
JUN 30 96

960109-JC

1. LEGAL NAME OF THE APPLICANT

EMENKAY, INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

EMENKAY, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET

391 BREEZEWAY AVE.

CITY

PALM BAY

STATE & ZIP

FLORIDA 32907

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: []
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: []

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [x]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME MATTHEW D. HECHT

ADDRESS 391 BREEZEWAY AVE.

PALM BAY, FL 32907

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: KELLY J. HECHT

TITLE: SECRETARY

PHONE: 407-724-4639

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE - NOT YET PROVIDING PAY TELEPHONE SERVICE

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE - THIS WILL BE THE ONLY APPLICATION PENDING (FLORIDA)

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE - THIS IS FIRST AND ONLY APPLICATION

- D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER, DESCRIBE	<input checked="" type="checkbox"/> 211-repair

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5 - 10 depending on cost

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER, DESCRIBE	<input type="checkbox"/>

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

YES

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Kelly Hecht KELLY HECHT - SECRETARY (OWNER)
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1-23-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant EMENKAY, INC.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Kelly Hecht

Title SECRETARY

Date 1-23-96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

January 13, 1994

MATTHEW HECHT
276 TYLER AVE.
#3
CAPE CANAVERAL, FL 32920

The Articles of Incorporation for EMENKAY, INC. were filed on January 6, 1994, and assigned document number P94000003307. Please refer to this number whenever corresponding with this office.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Nancy Hendricks
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 194A00001516

DOCUMENT NUMBER-DATE

01118 JAN 30 1994
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314
FPSC-RECORDS/REPORTING

ARTICLES OF INCORPORATION

FILED
1993 JUN -5 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Emenkay, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

276 Tyler Ave., #3, Cape Canaveral, FL 32920.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Matthew D. Hecht
276 Tyler Ave., #3
Cape Canaveral, FL 32920

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Matthew D. Hecht
276 Tyler Ave., #3
Cape Canaveral, FL 32920

Kelly J. Hecht
276 Tyler Ave., #3
Cape Canaveral, FL 32920

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Twenty-eighth day of December, 1993.

Matthew D Hecht
Signature

Kelly J. Hecht
Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

FORM 600-100-001 (1-87)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Emenkay, Inc.

2. The name and address of the registered agent and office is:

Matthew D. Hecht

(Name)

276 Tyler Ave., #3

(P.O. Box not acceptable)

Cape Canaveral, FL 32920

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Matthew D. Hecht
(Signature)

12-30-93

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003307 (3)

1. Corporation Name
EMENKAY, INC.



Principal Place of Business: 1514 WALDORF CIR NE #3 PALM BA FL 32905 US
Mailing Address: 1514 WALDORF CIR NE #3 PALM BAY FL 32905 US

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business: 391 BREEZEWAY AVE. Suite, Apt #, etc.
2a. Mailing Address: 391 BREEZEWAY AVE. Suite, Apt #, etc.
23. City & State: PALM BAY, FL
24. Zip: 32907
25. Country: BREVARD
27. City & State: PALM BAY, FL
28. Zip: 32907
29. Country: BREVARD

4. FEI Number: 59-3216581
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HECHT, MATTHEW D
1514 WALDORF CIRCLE NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name: KELLY J. HECHT
82 Street Address (P.O. Box Number is Not Acceptable):
83 391 BREEZEWAY AVE.
84 City: PALM BAY FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: KELLY J. HECHT - SECRETARY

Kelly Hecht
NOTE: Registered Agent signature required when registering.

DATE: 1-17-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HECHT, MATTHEW D	
STREET ADDRESS	1514 WALDORF CIRCLE NE	
CITY, ST, ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HECHT, KELLY J	
STREET ADDRESS	1514 WALDORF CIRCLE NE	
CITY, ST, ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HECHT, MATTHEW D.	
1.3 STREET ADDRESS	391 BREEZEWAY AVE.	
1.4 CITY, ST, ZIP	PALM BAY, FL 32907	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HECHT, KELLY J.	
2.3 STREET ADDRESS	391 BREEZEWAY AVE.	
2.4 CITY, ST, ZIP	PALM BAY, FL 32907	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

THIS COPY INCLUDED TO REFLECT ADDRESS CHANGE REPORTED TO FLORIDA DEPARTMENT OF STATE ON ANNUAL REPORT.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not certify that the information indicated on this annual report or supplemental annual report is true and correct, that I am an officer or director of the corporation or the receiver or trustee empowered to act appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kelly Hecht*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OR DIRECTOR

15. I further make under my name
-4639

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

JAN 30 96

1. LEGAL NAME OF THE APPLICANT

EMENKAY, INC.

960109-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

EMENKAY, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET

391 BREEZEWAY AVE.

CITY

PALM BAY

STATE & ZIP

FLORIDA 32907

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NAME MATTHEW D. HECHT

ADDRESS 391 BREEZEWAY AVE.

PALM BAY FL 32907

EMENKAY, INC.
PH. 407-724-4600
1614 WALDORF CIR., NE
PALM BAY, FL 32909

1069

AS 96

Florida PUBLIC Utility Comm.

One hundred Fifty Dollars

BARNETT BANK
200 Q1E
3801 W. STATE RD. 434-W
MCNICHOLS, FL 32779-6880

FOR APP. FOR CERT. FEE

Kellen Hecht

registered with

DOCUMENT NUMBER-DATE

01118 JAN 30 96

FPSC-RECORDS/REPORTING