

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

NAME: Robert W Mason Jr.

TITLE: owner

PHONE: 954 355-1110 beeper

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

I am not providing service to any state.

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

I have no applications pending.

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

I have never been denied authority to operate as a pay telephone provider in any state.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10.

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

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER, DESCRIBE

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.

Robert William Macon Jr.

Robert W Macon Jr.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6-26-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Robert William Mason Jr.

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

Signature Robert William Mason Jr.

Title owner

Date 6-26-96

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.

**APPLICATION FOR
REGISTRATION OF FICTITIOUS NAME**

1. Manell Communications
Fictitious Name to be Registered

2. PO Box 290854
Mailing Address of Business

City Davie, Florida 33329-0854
Zip Code

3. Florida County Broward

4. FEI Number: _____

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Mason Robert W
Last First M.I.

4685 SW 33rd Ave
Address

Ft Lauderdale, FL 33312
City State Zip Code

SS# 012-52-4302

2. _____
Last First M.I.

Address

City State Zip Code

SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

Address

City State Zip Code

Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Entity Name

Address

City State Zip Code

Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Robert W Mason 7-18-96
Signature of Owner Date

Phone Number: 954 355-1110

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

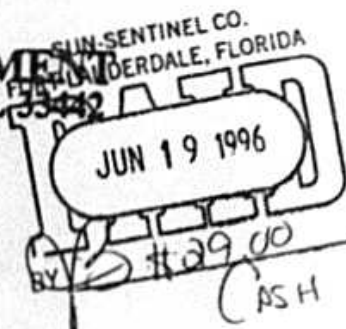
Signature of Owner Date

Mail To:

PREPAY \$29.00

**SUN-SENTINEL
LEGAL ADVERTISING DEPARTMENT**
333 S.W. 12TH Avenue, Deerfield Beach FL 33442

(305) 425-1038 • (305) 425-1039
FAX NUMBER: (305) 425-1006



FICTITIOUS NAME FORM
Please Type or Print

NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the fictitious name(s) of Manell Communications (name to be registered) intend(s) to register the said name(s) with the Florida Department of State, Division of Corporations, Tallahassee, FL and/or Clerk of the Circuit Court of Broward County, FL.

Robert W Mason
Owner(s)

P.O. Box 290854
Davie, FL 33329-0854
Business Address

Robert W Mason
Signature

Name of Person Placing Adv.
Robert W Mason

Mailing Address
SAME

City, State, Zip _____

Resident Phone() _____ Business Phone(954) 335-1110

Credit Card # _____ Exp. Date _____

Name on Credit Card _____

This ad will appear in the Sun-Sentinel for one (1) day.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

96 JUL -1 PM 1:09

1. LEGAL NAME OF THE APPLICANT
Robert William Mason **JML ROOM**

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Manell Communications

3. ADDRESS OF THE APPLICANT(S)
STREET P.O. Box 290854
CITY Davie
STATE & ZIP Florida 33329-0854

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:

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.

DEPOSIT TREAS. REC. DATE
NAME _____ 0330 _____ JUL 01 '96
ADDRESS _____

THIS DOCUMENT CONTAINS AN ERASURE SENSITIVE FACE. ATTEMPTED ALTERATIONS WILL APPEAR WHITE.



seen registered with

DOCUMENT NUMBER-DATE
07073 JUL-2 96
FPSC-RECORDS/REPORTING