

980086-TC

DEPOSIT DATE
D689 - JAN 16 1999

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Jean-Marc Geronimos

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Rehger Import Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 11562 Lakeview Drive
CITY Coral Springs
STATE & ZIP CODE FL 33071

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.

JEAN MARK GERONIMOS
OR PAMELA ANN GERONIMOS
220 N.W. 122 AVENUE
CORAL SPRINGS, FL 33071

JAN 13 1998

1701
63-1402/670
27

ited outside of Florida,
licant has authority to
a Registered Agent.

PAY TO THE ORDER OF Florida Public Service Commission \$100.00 -
One Hundred + 00/100 DOLLARS

Barnett 909-827
8357 West Atlantic Blvd.
Coral Springs, Florida 33071

Pamela A. Geronimos

DOCUMENT NUMBER-DATE
00982 JAN 15 98
FPSC-RECORDS/REPORTING

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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.

NAME ROGHER IMPORTS CORPORATION

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS 11562 Lakeview Ln
Coral Springs, FL 33071

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

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

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

NAME: Jean-Marc Gerónimo
TITLE: President
PHONE: 954-345-1195

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 CANCELED PAY TELEPHONE CERTIFICATES.

No

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

THE ABOVE ANSWER WAS NO

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

none

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

none

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

none

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

none

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

none

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. 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 type="checkbox"/> None

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

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

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

None

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

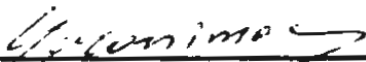
NCL-ATT, SPRINT

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1-11-98

APPLICANT ACKNOWLEDGMENT FORM

Applicant JEAN-MARC GERONIMOS

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

Signature: _____

Jeonimos

Title: _____

PRESIDENT

Date: _____

1-11-48

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ROGHER IMPORTS CORPORATION, a Florida corporation, filed on December 3, 1992, as shown by the records of this office.

The document number of this corporation is P92000008683.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-fourth day of December, 1992



CR2EO22 (2-91)

Jim Smith
Secretary of State



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 24, 1992

JOHN GERONIMOS (SECOND MAILING)
976 SOUTH STATE RD. 7
MARGATE, FL 33068

The Articles of Incorporation for **ROGHER IMPORTS CORPORATION** were filed on December 3, 1992, and assigned document number **P92000008683**. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of next year. 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 questions regarding corporations, please contact this office at the address given below.

Karen Gibson
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 892A00007240

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
OF
ROGHER IMPORTS CORPORATION

FILED
1992 DEC -3 AM 8 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We the undersigned, jointly and severally agree with each other to associate ourselves and our successors together as a corporation for profit under the law of the State of Florida, and hereby subscribe, acknowledge, and file in the Office of the Secretary of State of the State of Florida, the following Articles of Incorporation, to wit:

ARTICLE I

The corporate name shall be ROGHER IMPORTS CORPORATION

ARTICLE II

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

1. The number of shares of authorized capital stock of the corporation shall be Seven Thousand Five Hundred (7,500) shares of common stock with a nominal par value of One Dollar (\$1.00) each.

2. The capital stock may be paid for in property, labor, services, or cash at a just valuation to be fixed by the stockholders. All of such stock shall be fully paid and nonassessable.

ARTICLE IV

The amount of capital with which this corporation will begin business shall not be less than Five Hundred Dollars (\$500.00)

ARTICLE V

The term for this corporation shall be perpetual.

ARTICLE VI

The principal office of the corporation shall be at 6429 Forest Lake Drive, Zephyrhills, Fl. 33540. The corporation may have such other places of business in the state of Florida as the nature and progress of the business of the corporation shall from time to time render necessary or desirable. The stockholders may from time to time move the principal office to any other address in Florida.

ARTICLE VII

The corporation shall initially have one (1) Director to hold office until the first Annual meeting of Shareholders and until his successor shall have been duly elected and qualified, or until his earlier resignation removal from office, or death. The number of Directors may be either increased or decreased, from time to time, in accordance with the By-Laws of the corporation. The name of the initial Director of the corporation is:

VICTOR ROHATYNSKY
976 SOUTH ST. RD. 7
MARGATE, FLORIDA 33068

JOHN GERONIMOS
976 SOUTH ST. RD. 7
MARGATE, FLORIDA 33068

ARTICLE VIII

The name and street address, and the number of shares subscribed to by the initial subscriber hereto, who is to conduct the business of the corporation until those elected at the organizational meeting is:

NAME	ADDRESS	# OF SHARES
Victor Rohatynsky	976 South St. Rd. 7 Margate, Florida 33068	500

ARTICLE IX

The initial registered office shall be at 6429 Forest Lake Dr., Zephyrhills, FL. 33540, and the initial registered agent at the same address shall be JOHN GERONIMOS.

ARTICLE X

1. When the stockholders so determine, any increase of the common stock shall be first offered pro-rata to the common stockholders who may desire to subscribe for such stock in relation to their present holdings.

2. Every amendment shall be approved by the stockholders at a stockholders meeting by fifty-one (51%) percent of the stock entitled to vote thereon.

3. Any meeting of the stockholders may be held within or without th State of Florida.

4. Officers of this corporation need not be stockholders.

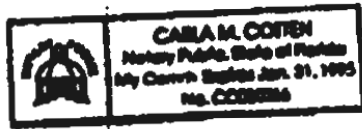
IN WITNESS WHEREOF, the subscribing stockholder has hereunto set his hand and seal, and caused these Articles of Incorporation to be executed this 9th day of November 1992.

[Handwritten Signature]
Victor Rohatynsky

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, this day personally appeared Victor Rohatynsky to me well known and known to me to be the person who executed the foregoing Articles of Incorporation and he has acknowledged to and before me that he has executed the same for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal in Tampa, Hillsborough County, Florida this 9th day of November 1992.



[Handwritten Signature]

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT A PLACE DESIGNATED ON THIS CERTIFICATE, I HEREBY ACCEPT SAID DESIGNATION AS REGISTERED AGENT AND AGREE TO COMPLY WITH THE PROVISIONS OF LAW RELATIVE TO KEEPING SAID OFFICE OPEN.

[Handwritten Signature]
John Geronimos

FILED
DEC - 3 1992
11 08 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ!!!

FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida

- ◆ The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- ◆ The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- ◆ If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- ◆ Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- ◆ When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have any questions about completing the form, contact the Certification Section at (850) 413-8556.
- ◆ Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, and the Agreement form, are to be submitted to:

Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2640 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850