

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date March 2, 1998

Docket No. 98-10759

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPE _____

3. OER _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 849 by Advanced Pay Phone, Inc. effective Feb. 3, 1998.

5. Suggested Docket Filing List (attach separate sheet if necessary)

Feb. 3, 1998.

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check and: Documentation is attached.
 Documentation will be provided with the recommendation

DOCUMENT AVAILABLE
02804 MAR-3 88

10759

PLEASE COMPLETE THIS PAGE AND RETURN TO:

RECEIVED

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

MAR 0 2 1993

CMU

86

NAME: Advanced Pay Phone, Inc.
NAME OF COMPANY: (Same as above)
ADDRESS: 1149 Sawgrass Corporate Parkway
CITY/STATE/ZIP: Sunrise, FL 33323-2811
PHONE # W/AREA CODE: (954) 846-6600
CERTIFICATE #: 849 COMPANY CODE: TC759

(Answer "YES" to one of the following statements below)

(1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

date

Explain why you are requesting cancellation of your certificate

I am requesting cancellation of my certificate because we were not permitted to be in possession of more than one Certificate of Public Convenience. (Theoretically)
We have only under the laws of "inter-branch jurisdiction."

SIGNATURE: [Signature]

DATE: 2/10/93

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# 2765
 \$ 50.00 (NO) 0002
 (N) 0001
 P
 0603002
 004011
 Mark Due 1/29/98
 Initials of Preparer [Signature]

STATUS:

Actual Return
 Estimated Return

TC759 P173 997 082
 Advanced Pay Phone, Inc.
 1149 Sawgrass Corporate Parkway
 Sunrise, FL 33323-2847
 DEPOSIT DATE
 D701 FEB 03 1998
 PSC Records/Reports

RECEIVED
 FEB 03 1998

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

Please Complete Below If Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>0</u>
6.	Penalty for Late Payment	<u>0</u>
7.	Interest for Late Payment	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50-</u>

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 0

COMPANY WAS BOUGHT BY 2001 TELECOMMUNICATIONS

*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 uncollected revenues for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

TC809

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]
 (Signature of Company Official)

[Signature]
 (Title) 1/29/98
 (Date)

[Name]
 (Please Print Name)

Telephone Number 124-171-0111

F E I No _____