

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date March 2, 1998

Docket No. 1998-03-001

- 1. Division Name/Staff Name COMMUNICATIONS/Hawkins
- 2.
- 3.

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 5139 by Johnny M. Virreira effective 2/27/98.

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

- 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.)

(TG038)

1. Parties and their representatives (if any)

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

2. Interested Persons and their representatives (if any)

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

- 6. Check one Documentation is attached.
- _____ Documentation will be provided with the recommendation.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

See Filing Instructions on Back of Form

FOR PSC USE ONLY	
Check# <u>485</u>	
\$ <u>50.00</u>	0603002
	0013001
	P
	0001002
	0000111
	1
Postmark Date <u>2/27/98</u>	
Initials of Preparer <u>J</u>	

STATUS:

Actual Return
 Estimated Return

TG038 P173 997 567
 Johnny M. Virreira
 16113 S.W. 83rd Terrace
 Miami, FL 33193-3095 DATE

D717 FEB 27 1998

PERIOD COVERED:
 05/13/1997 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	\$ - 0 -
2.	Gross Intrastate Revenue	- 0 -
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(- 0 -)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ - 0 -
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	- 0 -
6.	Penalty for Late Payment	- 0 -
7.	Interest for Late Payment	- 0 -
8.	TOTAL AMOUNT DUE	\$ 50 00

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

RECEIVED
 FEB 26 11 01 AM '98
 MAIL ROOM

*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 company, have read the foregoing and declare that to be 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 of Company Official)

JOHNNY M VIRREIRA
 (Please Print Name)

owner
 (Title)

02-20-98
 (Date)

Telephone Number: 305 380 - 7458

F.F. No.

TO FLORIDA PUBLIC SERVICE COMMISSION:

MY NAME IS JOHNNY VIRREIRA. I WANT TO CANCEL MY CERTIFICATE. I AM SENDING YOU MY RAF PAYMENT OF \$ 50.00 FOR 1997. I DID NOT WORK OR HAVE ANY PROFITS TRUE THIS CERTIFICATE, I AM SENDING YOU ALSO THE RAF INFORMATION WITH THE INFORMATION REQUESTED.

THANK YOU FOR YOUR HELP.

JOHNNY VIRREIRA.



98 FEB 28 AM 3 26
MAIL ROOM