| FI | LORIDA PAY TELE | D771 PHONE CERT | MAY 0 7 1998 |
|---------|---|---------------------|--|
| L | EGAL NAME OF THE AF | PPLICANT OL | CORPORATION |
| N | AME UNDER WHICH TH | HE APPLICANT W | /ILL DO BUSINESS |
| _ | BLUE HERON | CHEVRON | / |
| A | DDRESS OF THE APPLI | CANT(S) | |
| ST | TREET_ 1000 W / | BLUE HER | ON BLVD |
| | TY RIVIERA B | | |
| | | 24 | |
| | PE OF ORGANIZATION | | √ |
| A. | INDIVIDUAL DOING E | | R HIS/HER () |
| DC | CUMENTATION: No oth | her documentation | needed. |
| В. | PARTNERSHIP: | | (*) |
| | CUMENTATION: Attach me and address of all pa | | nership agreement, and a list |
| C. | CORPORATION: | | (M |
| Flo | rida Secretary of State's | Office. If incorpor | incorporation have beenfiled value outside of Florida, attach ant has authority to operate in rida Registered Agent. |
| NA | ME: ODED LEI | vy | |
| AD | DRESS 2936 44 | KESHORE 1 | R # 303 |
| _ | VIVIERA BEACH | FF 3340 | 14 |
| VELIC S | ERVICE COMMISSION/CMU 32 (R3-93) | | DOCUMENT NUMBER-DATE |
| ED BY C | CAMEBION RULE NO. 25-24.511 | 9 | 05177 HAY-78 |
| | | | |

FLORIDA PARTELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

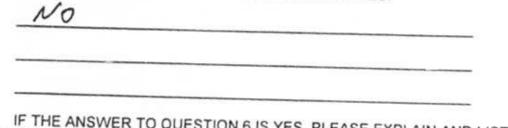
DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

)

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

| NAME: | ODEU LEVY | |
|--------|-------------|--|
| TITLE: | PRESIDENT | |
| PHONE: | 561-8448520 | |

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.



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



LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

NON

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-92) REQUIRED BY COMMISSION RULE NO 25-24 511

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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

No

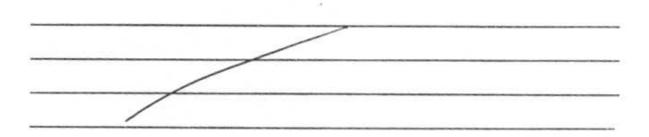
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3

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

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

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.



FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24-511

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

| LOCAL | 6 |
|-----------------|----------|
| LONG DISTANCE | <u>a</u> |
| COIN | G |
| CALLING CARD | ß |
| CREDIT CARD | 9 |
| OTHER, DESCRIBE | ۵ |

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

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

| PERSONALLY | 16 |
|-------------------------------------|----|
| FULL-TIME TECHNICIAN | 6 |
| PART-TIME TECHNICIAN | 0 |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | 0 |
| OTHER DESCRIBE | |

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.

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO 25-24-511

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

 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.)

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FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24.511

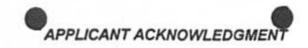
I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY. HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE. WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING 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.

All

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

4/4 98 DATE:

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REQUIRED BY COMMISSION RULE NO. 25-24.511



ODEU LEVY Applicant ____

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

| | 1111 | |
|------------|-----------|--|
| Signature: | the tele | |
| Title: | PRESIDENT | |
| Date: | 4/30/98 | |

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.

 DATE OF THIS NOTICE: 04-07-1998
NUMBER OF T NOTICE: CP 575 A
EMPLOYER ID IFICATION NUMBER: 65-0823266 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERM 32 39901 FORM: SS-4

0716922095 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

OL CORPORATION 2936 LAKE SHORE DR 303 RIVIERA BEACH FL 334 33404

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0823266. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

| Form | 941 | | 07/31/1998 |
|------|------|----|------------|
| Form | 1120 | | 03/15/1999 |
| Form | 940 | 81 | 01/31/1999 |

If the due date has passed please complete the form and send it to us by 04-22-1998. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.

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ATLANTA GA

146 03/20/98

Florida Department of Revenue

Certificate of Registration

This Certificate is Non-transferable.

DR-11 R. 12/97

South Provident and the Park

Registration Effective Date 03/19/98

Opening Date 05/01/98 Certificate Number 60-20-192499-01-6 Refer To This Number When Reporting Tax.

This Certifies That

BLUE HERON CHEVRON OL CO INC % ODED LEVY 1000 W BLUE HERON BLVD RIVIERA BEACH FL 33404

Is Hereby Authorized and Empowered to Collect Sales and Use Taxes For The State of Florida.

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE.

| () | 2 | TEL - 561 844 8520 | DEPOSIT | | 0631.TC |
|-------|-----|--|--------------------|---|---|
| | | FLORIDA PAY TELEPHO | 0771 M | ATE ATTACHN | |
| | I. | LEGAL NAME OF THE APPLIC | CANT <u>OL</u> | ORPORATION | _ |
| | 2 | NAME UNDER WHICH THE AF | PLICANT WILL (| OO BUSINESS | |
| | | BLUE HERON 2 | HEVRON | | |
| | З. | ADDRESS OF THE APPLICANT | r(S) | | |
| | | STREET 1000 W BLU | E HERON | BLVD | |
| | | CITY <u>RIVIERA BEA</u> | CH | | |
| | | STATE & ZIP CODE | 33404 | | 2 |
| | 4. | TYPE OF ORGANIZATION (CH | ECK ONE) 🗸 | | |
| | | A. INDIVIDUAL DOING BUSIN OWN NAME: | ESS UNDER HIS | HER () | |
| | | DOCUMENTATION: No other do | ocumentation need | ded. | |
| | | B. PARTNERSHIP: | | (*) | |
| | | DOCUMENTATION: Attach a cop name and address of all partners | | p agreement, and a list | with the |
| | | C. CORPORATION: | | (1) | |
| | DOC | CUMENTATION: Attach proof the Florida Secretary of State's Offic from the Florida Secretary of Sta | e. If incorporated | outside of Florida, attac | h proof |
| | | OL CORPORATION D/B/A BLUE HERON CHEVRO PH. NO. 561-844-8520 1000 W. BLUE HERON BLVD. RIVIERA BEACH, FL 33404 | | 514/98 " | DOCUMENENUMBER-BATE 0 05107 MAY = 39 |
| | | SAIDA PUBLIC SERVI | CE COMM | 550N \$1 | (DO LINE OC) |
| 1. Ki | 1 | HUUNFED | | D | OLLARS AND BOOM |
| Bay | ne | 11 040-013 2001 Broadway Riviera Beach, Florida 33404 | | 111 | OCUM 05 |
| FOR | | | -77 | 110 16 | |
| | | CONTRACTOR OF AN INCOME. | - | And and an an an and an | |