		1/08-7C Hment b
1.	LEGAL NAME OF THE APPLICANT AMERICAN PUBLIC PAYPH	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	·····
	AMERICAN PUBLIC PAYPHONE CORP.	
<u>3</u> .	ADDRESS OF THE APPLICANT(S)	
	STREET 1201 U.S. HIGHNAN ONE	
	CITY NORTH PALM BEACH	
	STATE & ZIP CODE PLORIDA , 33408	ى
4.	TYPE OF ORGANIZATION (CHECK ONE) √	38 SEP
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER ()	ů.
	DOCUMENTATION: No other documentation needed.	1 2 1 h.
	B. PARTNERSHIP: ()	<u> </u>

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

2

DOCUMENTATION:	Attach proof that articles of incorporation have beenfiled 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 provi	de name and address of Florida Registered Agent.

NAME: BOURA			
ADDRESS	<u>_</u>		
,, <u>.</u>			
FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REQUIRED BY COMMISSION RULE NO 25-24 511	9	ពិព័ត៌ស្រោះសារ សាការ ខេត	DATE

J750-SEP-8 8

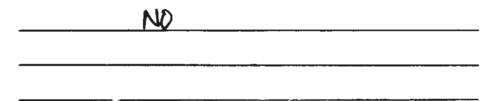
D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME:	ART SMITH
TITLE:	CONSULTING SERVICES DIRECTOR
PHONE:	67-330-9411

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.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

MA.NV, NH, ME, NY

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REGUIRED BY COMMISSION RULE NO 25-24 \$11

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

	NONE
C. TELEPHONE	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY E PROVIDER. EXPLAIN CIRCUMSTANCES.
	N/A
	· · · · · · · · · · · · · · · · · · ·
	HAS HAD REGULATORY PENALTIES IMPOSED FOR S OF TELECOMMUNICATIONS STATUTES, EXPLAIN INCES.
-	NONE
-	
	SE INDIGATE IF ANY OFFICERS OF THE CORPORATION,
MENTALLY I	HIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRU INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF AN' WHETHER SUCH ACTIONS MAY RESULT FROM PENDING

NONE

FORM PUBLIC BERVICE COMMISSION/CMU 32 (R3-83) REQUIRED BY COMMISSION RULE NO. 25-24 511

PROCEEDINGS.

10. PLEASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:

ď

LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE

11. 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? √

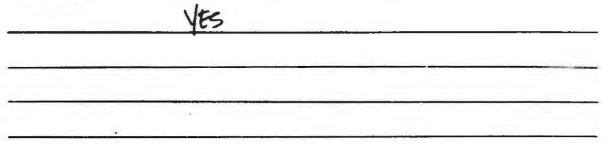
PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER DESCRIBE	

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 BERVICE COMMISSION/CMU 32 (R3-63) REQUIRED BY COMMISSION RULE NO 25-24 511

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.)



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 | AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

1 the Soul

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: SEPTEMBER 3, 1998

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REGURED BY COMMISSION RULE NO. 25-24 511



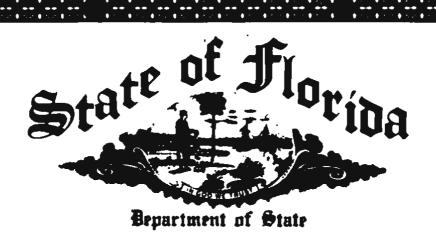
Applicant AMERICAN PUBLIC PAY PHONE CORP.

t

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

Signature:	addue Smith	_
Title:	PRESIDENT	
Date:	Sept. 3, 1998	_

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO 30 WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



I certify from the records of this office that AMERICAN PUBLIC PAYPHONES, INC., is a corporation organized under the laws of the State of Florida, filed on July 17, 1998.

The document number of this corporation is P98000063786.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (2-95)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Nineteenth day of August, 1998

ende B. Monthand

Sandra B. Mortham Secretary of State

		981108-TC
	DEPOSIT DATE D 0 0 4 M SEP 0 8 1998	ATTACHMENT B
	FLORIDA PAY TELEPHONE CERTIFIC	CATE APPLICATION
	I. LEGAL NAME OF THE APPLICANT AMERICA	N PUBLIC PAYPHONE CORP.
	2. NAME UNDER WHICH THE APPLICANT WILL	DO BUSINESS
	AMERICAN PUBLIC PAYPHONE CORP.	<u> </u>
	3. ADDRESS OF THE APPLICANT(S)	
	STREET 1201 U.S. HIGHNAY ONE	
	CITY NORTH PALM BEACH	
	STATE & ZIP CODE FLORIDA , 33408	
	4. TYPE OF ORGANIZATION (CHECK ONE)	All All
	A. INDIVIDUAL DOING BUSINESS UNDER HI OWN NAME:	
	DOCUMENTATION: No other documentation nee	
	B. PARTNERSHIP:	()
	DOCUMENTATION: Attach a copy of the partners name and address of all partners.	ship ay, eement, and a list with the
	C. CORPORATION:	$(\sqrt{)}$
		progration have beenfiled with the
	NOSC CORP. 1201 U.S. HWY 1 STE. 200 N. PALM BEACH, FL 33408	FIRST UNION NATIONAL BANK 5748 N. PALM BEACH, FL 63-643/870 8/30/98
Y TO THE	Florida Public Service Commission	¢**100.00 (* e
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	Florida Public Service Commission Betty Easley Bldg, c/o Records & Reportin 2540 Shumard Oak Blvd.	00000-EVI
	Capital Circle Office Center Tallahassee, FL 32399-0850	Magelila 8

AUTHORIZED BIONATURE