

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 980559-IG Date Docketed: 04/24/1998 Title: Request for cancellation of Pay Telephone Certificate No. 3727 by Systemtech Communications, Inc., effective 4/24/98.
 Company: Systemtech Communications, Inc.

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: _____
 ("(") indicates OPR)

ADW AFA APP CAF (CHU) EAG GCL LEG RAR RRR WAW
 _____ _____ _____ _____ X _____ _____ X _____ _____ _____

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module B1(f)

Staff Assignments

<u>OPR Staff</u>	<u>P Isler</u>	_____

<u>Staff Counsel</u>	<u>K Pena</u>	_____
<u>OCRs ()</u>		_____

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()		_____

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level

0

Due Dates

Previous Current

1. <u>Staff Recommendation</u>	NONE	06/18/1998
2. <u>Agenda - Regular</u>	NONE	06/30/1998
3. <u>Standard Order</u>	NONE	07/20/1998
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
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31. _____		
32. _____		
33. _____		
34. _____		
35. _____		
36. _____		
37. _____		
38. _____		
39. _____		
40. _____		

Recommended assignments for hearing and/or deciding this case:
 Full Commission X Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR: 05/05/1998

Initials: OPR _____
 Staff Counsel _____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	JN	DS	CL	GR	JC		
X							

- Prehearing Officer

Commissioners					ADW
JN	DS	CL	GR	JC	
					X

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: 05/05/1998

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Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No: 980559-TC Date Docketed: 04/24/1998 Title: Request for cancellation of Pay Telephone Certificate No 3727 by Systemtech Communications, Inc. effective 4/24/98
 Company: Systemtech Communications, Inc.

Official Filing Date _____
 Last Day to Suspend _____ Expiration: _____

Referred to _____
 ("(") indicates DPR)

ADM AFA APP CAF (CMU) EAG GCL LEG RAR RRR WAW
 _____ _____ _____ _____ X _____ _____ X _____ _____ _____

Section 2 - DPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module B1(f)

Staff Assignments

OPR Staff

Staff Counsel

DCRs ()

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()

()

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Recommended assignments for hearing and/or deciding this case:

Full Commission _____ Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR _____

Initials DPR _____
 Staff Counsel _____

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level

0

Due Dates

Previous Current

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
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27.	_____	_____	_____
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32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

Section 3 - Chairman Completes

Assignments are as follows

- Hearing Officer(s)

Commissioners						Hrg Exam	Staff
ALL	JN	DS	CL	GR	JC		

- Prehearing Officer

Commissioners					ADM
JN	DS	CL	GR	JC	

Where panels are assigned the senior Commissioner is Panel Chairman. The identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved _____

Date: / /

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

UNCLASSIFIED

Systemtech Communications, Inc.
10550 S.W. 67th Street
Miami FL 33173-5102

ENCLOSURE
Return Receipt Requested
No. 51B

21 JUL 1996
Received 21 JUL 1996

*Not a
Check*

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 another 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 98 0559

4a. Article Number 98 - 519

Systemtech Communications, Inc.
 10550 S.W. 67th Street
 Miami FL 33173-5102

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

Certified
 Insured
 and/or COD

(Only if requested)

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994

3333344445555666677778888999900



Thank you for using Return Receipt Service.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TF077
Systemtech Communications, Inc.
10550 S.W. 67th Street
Miami, FL 33173-5102

PERIOD COVERED:
01/01/1998 TO 12/31/1998

FOR PSC USE ONLY	
Check#	_____
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

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

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

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 _____

*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 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 of Company Official) _____ (Title) _____ (Date)
 _____ (Please Print Name) Telephone Number (_____) Fax Number (_____)
 F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance with Item 9, please contact the Division of Communications at (850) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TF077
 Systemtech Communications, Inc.
 10550 S.W. 67th Street
 Miami, FL 33173-5102

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

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

(Name of Company)

(Address)

(City/State)

(Zip)

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(Signature of Company Official)

(Title)

(Date)

(Please Print Name)

Telephone Number (_____) Fax Number (_____)

F.E.I. No. _____

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STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

April 28, 1998

Ricardo U. Aquino II
Systemtech Communications, Inc.
10580 SW 67 Street
Miami, Florida 33173

Re: Docket No. 980559-TC

Dear Mr. Aquino:

This will acknowledge receipt of a request for cancellation of Pay Telephone Certificate No. 3727 by Systemtech Communications, Inc., effective 4/24/98, which was filed in this office on April 24, 1998 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Division of Records and Reporting
Florida Public Service Commission