

STATUS:

Actual Return
Estimated Return

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

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG129
 European Street Restaurant & Gourmet
 2753 Park Street
 Jacksonville, FL 32205-7607
DEPOSIT **DATE**
D112 **MAR 29 1999**

FOR PSC USE ONLY
 Check# 3425
 \$ 50.00 0603002
 \$ 003001
 \$ 0603002
 \$ 004011
 Postmark Date 3/29/99
 Initials of Preparer RS

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	\$ 1201.60
2.	Gross Intrastate Revenue	70.10
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)	\$ 1271.60
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	1.91
6.	Penalty for Late Payment	
7.	Interest for Late Payment	
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

CMU
Leg
Sec

9. Number of pay telephones in operation at close of period covered by this Return

1 RAR



1-92

3425

DATE 3-29-99

63-562/630

PAY TO THE ORDER OF

First Guaranty

Fla P.S.C.

\$ 50.00

DOLLARS

FIRST GUARANTY BANK & TRUST COMPANY Jacksonville, Florida 32203

DOCUMENT NUMBER-DATE

04026 MAR 29 99

Luzar

FOR

PA Fee

003425

MP

**EUROPEAN STREET
RESTAURANT & GOURMET**

3/24/99

To Whom It May Concern:

I never received Assessment Fee
Return Form last year, & had to have
this one faxed to me today by
Frank.

Am kindly requesting a waiver of any
penalties. This is my second full year
of operation with 1 phone, & didn't
know I didn't get a form. RAR

Thanks for your consideration
L Zucker

REGENCY SQUARE MALL
9501 ARLINGTON EXPRESSWAY • JACKSONVILLE, FLORIDA 32225 • 904-725-8992

2753 PARK STREET • JACKSONVILLE, FLORIDA 32225 • 904-384-9999