

ORIGINAL

VICTORIA L. SMITH
1410 ENKA WAY
ORLANDO, FL 32818

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

RE: TF997

To Whom It May Concern:

ELECTRONIC VENDING, INC. WAS DISSOLVED DECEMBER
31, 1998.

ACK _____
AFA _____
APP _____
CAF _____
CMU 1
CTR _____
EAG _____
LEG 1
LIN _____
OPC _____
RCH _____
SEC 1
WAS _____
OTH _____

Rick Moses
RAR

DOCUMENT NUMBER-DATE 990273
~~04590~~ APR-88
FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED
Florida Public Service Commission
One Filing Instruction in Each of Three

FOR PSC USE ONLY

Check # 6122 + 6122

\$ 50.00 060002
903001

\$ 5.00 F
060002
000011

\$ 1.00 I

Payment Date 4/5/99

Initials of Preparer R

STATUS:

Actual Return

Estimated Return

TF997

Electronic Vending, Inc. 99 MAR 31 AM 8:22

1410 North Park Way
Orlando, FL 32818-5906 MAIL ROOM DATE

D124 APR 08 1999

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

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	\$60163
2.	Gross Intrastate Revenue	-0-
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(66292)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$-6129
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	-0-
6.	Penalty for Late Payment	5.00
7.	Interest for Late Payment	1.00
8.	TOTAL AMOUNT DUE	\$56.00

AS PROVIDED IN SECTION 344.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$25

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 0

*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 337.06, 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.

Victoria L Smith
(Signature of Company Official)

VICTORIA L Smith
(Please Print Name)

R
(Title)

3/26/99
(Date)

Telephone Number (407) 299-2511 / Fax Number 1

F.B.I. No. 58-00075216-661

RICK MAES
RAR

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
Estimated Return

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

RECEIVED
Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF997
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1410 North Boka Way
Orlando, FL 32818-5906 MAIL ROOM
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(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$60163
2.	Gross Intrastate Revenue	-0-
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(66292)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$-6629
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	-0-
6.	Penalty for Late Payment	5.00
		1.00
		\$56.00

FOR PSC USE ONLY
Check 6122 + 6122

\$ 50.00 068802
003001
\$ 5.00 P
068002
000011
\$ 1.00 1

Postmark Date 4/5/99
Initials of Preparer R



ALL FEES IN \$22
REVENUES REPORTED
0



By knowledge and belief the above information statement is writing with the latest available
3/26/99 (Date)
216-661
Rick Mays
RAR