

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS: Actual Return
 _____ Estimated Return

PERIOD COVERED:
 08/04/1998 TO 12/31/1998

RECEIVED
 FLORIDA PUBLIC SERVICE COMMISSION

TG354
 JDFinn, Inc.
 P. O. Box 668
 Boca Raton, FL 33429-0668
 DEPOSIT

99 MAY 24 AM 8:49
 MAIL ROOM
 DATE

0140 MAY 24 1999

FOR PFC USE ONLY

Check# 1511

\$ 50.00 0603002
 003001
 \$ _____ P
 0803002
 004011
 \$ _____ I

Postmark Date 5/29/99
 Initials of Preparer RP

Please Complete Below If Official Mailing Address Has Changed

JDFinn, Inc. 9261 Southampton PL Boca Raton 33434
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	<u>0</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
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	\$ <u>50.00</u>

Our initial application was asked to be CANCELLED BEFORE IT WAS APPROVED. AN Address change was mailed 3X. Does anyone do their job up here!

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

- FA _____
- PP _____
- AF _____
- MU I
- TR _____
- AG _____
- EG I
- WAS _____
- DPC _____
- RRR _____
- SEC I
- WAW _____
- OTH _____

JDFINN, INC.
 PH. 888-496-0642
 www.jdfinn.com

NATIONSBANK, N.A.

1511

5/19/99

Florida Public Service Commission

\$50.00

Fifty and 00/100

DOLLARS

Florida Public Service Commission

DOCUMENT NUMBER-DATE

06538 MAY 25 99

REC-RECORDS/REPORTING

MEMO

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS: Actual Return
Estimated Return

PERIOD COVERED:
08/04/1998 TO 12/31/1998

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

TG354
JDFinn, Inc.
P. O. Box 668
Boca Raton, FL 33429-0668
DEPOSIT

99 MAY 24 AM 8:49
MAIL ROOM
DATE

D140 MAY 24 1999

FOR PSC USE ONLY

Check# 1511

\$ 50.00 0603002
003001
P
0603002
004011
I

Postmark Date 5/22/99
Initials of Preparer RP

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) 9261 Southern Pk (Address) Boca Raton (City/State) 33434 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
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	\$ <u>50.00</u>

Our initial application was asked to be CANCELLED BEFORE IT WAS APPROVED. AN Address change was mailed 3X. Does anyone do their job up here!

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 revenues 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 537.06, 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]
(Signature of Company Official)
Joseph Walzroeth
(Please Print Name)

Director (Title) 5/19/99 (Date)
Telephone Number 801-479-0542 Fax Number _____
P.E.I. No. 65-080-3593



COMPRESSION USER HELP

How to Use Compression

Introduction

Getting Started

Using Compression

Advanced Topics

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Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS

Actual Return
Estimated Return

PERIOD COVERED:
08/04/1998 TO 12/31/1998

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG354
 JDFinn, Inc.
 P. O. Box 668
 Boca Raton, FL 33429-0668
 DEPOSIT DATE
 0140 MAY 24 1999

RECEIVED
 FLORIDA PUBLIC SERVICE COMMISSION
 99 MAY 24 AM 8:49
 MAIL ROOM

FOR PSC USE ONLY

Check# 1511

\$ 50.00 0603002
 003001
 P
 0603002
 004011
 I

Postmark Date 5/20/99
 Initials of Preparer RP

Please Complete Below if Official Mailing Address Has Changed

9261 Southampton PL

Boca Raton 33434

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
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	\$ 50.00
<p>AS PROVIDED IN SECTION 364.306 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50</p> <p>OUR INITIAL APPLICATION WAS ASKED TO BE CANCELLED BEFORE IT WAS APPROVED. AN ADDRESS CHANGE WAS MAILED 3X. DOES ANYONE DO THEIR JOB UP HERE!</p>		
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 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.

Joseph Walzroehl
 (Signature of Company Official)
JOSEPH WALZROEHL
 (Please Print Name)

Director
 (Title)
5/19/99
 (Date)
 Telephone Number 861-479-0542 Fax Number ()
 F.E.I. No. 65-080-3593

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).

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.



Microsoft Word

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