

DEPOSIT
D 8 05

DATE
JUL 06 1998

ORIGINAL
ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT BARBARA C. HERSCH
& ANTHONY T. FASULLO 980824-70

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
20/20 COMMUNICATIONS

3. ADDRESS OF THE APPLICANT(S)
STREET 1737 N.E. 2 AVENUE
CITY FORT LAUDERDALE
STATE & ZIP CODE FL. 33305

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

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

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed 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 provide name and address of Florida Registered Agent.

NAME: N/A
ADDRESS: _____

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

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

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

NAME: _____

TITLE: _____

PHONE: _____

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.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

We will be providing service in
STATE of Florida only.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED.

- 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: _____

50 pay phones

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.

YES

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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.)

YES

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

_____

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7/1/98

APPLICANT ACKNOWLEDGMENT

Applicant Barbara C. Hirsch

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

Signature: Barbara C. Hirsch

Title: President

Date: 7/1/98

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

DEPOSIT
D 8 05

DATE
JUL 06 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT BARBARA C. HERSCH
& ANTHONY T. FASULLO

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
20/20 COMMUNICATIONS

3. ADDRESS OF THE APPLICANT(S)
STREET 1737 N.E. 2 AVENUE
CITY FORT LAUDERDALE
STATE & ZIP CODE FL. 33305

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

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

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed 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 provide name and address of Florida Registered Agent.

CONNIE HERSCH
1170 S.W. 20TH ST.
BOCA RATON, FL. 33486

2920

7/1 1998

Pay to the Florida Public Service Commission \$ 100.00
Order of One hundred Dollars

FIRST UNION
First Union National Bank
Boca Raton, Florida
24 Hour Information Service
1-800-735-1012

Connie Hersch

98 JUN 19 PM 3:15

ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporations Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

The Corporate name is: 20-20 Communications, Inc.

ARTICLE TWO

Duration

The duration of the Corporation is perpetual.

ARTICLE THREE

Purpose

The Corporation may transact any and all business which is in and related to leasing or selling telephone and related equipment, and servicing such equipment. Such sales, leases or services will be provided to individuals, to institutions and to businesses, at retail or wholesale, by any means allowed by Florida law.

ARTICLE FOUR

Capital Stock

The aggregate number of shares which the corporation has authority to issue is 10,000 all of which shall be common shares with a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE FIVE

Registered Office

The street address of the initial Registered Office of the Corporation is: 1737 NE 2 Avenue, Fort Lauderdale, FL 33305 and the name of the initial Registered Agent at such address is Anthony T. Fasullo.

ARTICLE SIX

Directors

The business of the corporation shall be managed by a Board of Directors consisting of a minimum of one director and a maximum of six directors.

ARTICLE SEVEN

Incorporators

The names and addresses of the Incorporators are:

Barbara C. Hersch
1170 SW 20 Street
Boca Raton, FL 33486

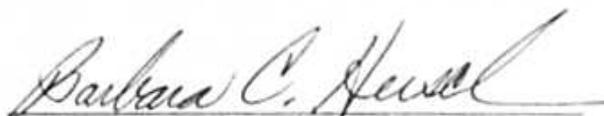
and

Anthony T. Fasullo
1737 NE 2 Avenue
Fort Lauderdale, FL 33305

ARTICLE EIGHT

The stock of the corporation will be issued pursuant to the provisions of section 1244 IRC, so the shareholders of the corporation may receive the benefits provided thereunder.

Signature:


Barbara C. Hersch Incorporator

98 JUN 19 PM 3:15

CERTIFICATE OF REGISTERED AGENT

Pursuant to 48.091 Florida Statutes, the following is submitted in compliance with said Act; that 20-20 Communications, Inc., wishing to organize under the laws of the State of Florida with its principal place of business at 1737 NE 2 Avenue, Fort Lauderdale, FL 33305 names Anthony T. Fasullo, located at 1737 NE 2 Avenue, Fort Lauderdale, FL 33305 as its agent to accept service of process within the state of Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Corporation at the place designated in the Certificate, I hereby agree to act in this capacity and to comply with the provisions of said statutes relative to the proper and complete performance of my duties.

DATED : This 16 day of June, 1998.


Anthony T. Fasullo
Registered Agent