REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date	10/27/98 Bocket No. 181408-1C
1.	Division Name/Staff Name_ Communications/Isler
2.	Communications/Isler
3.	OCR_ Legal Services
	Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate
	per 5060 Issued to Ocean Beach Properties, Inc. for Violation of Rules 25-4.0161, F.A.C.,
Regu	latory Assessment Fees; Telecommunications Companies
5.	Suggested Bocket Hailing List (attach separate sheet if necessary)
	A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all others. (<u>Match representatives to clients.</u>)
	1. Parties and their representatives (if any)
Jay	/ Cohen
	2. Interested Persons and their representatives (if any)
	the state of the s
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6. (Check one: _XX_ Documentation is attached.
	Documentation will be provided with recommendation.
	DOCUMENTAL SETTING

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: October 20th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 80

Paula, attached are eighty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of October is \$5.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

1	TF899	21	TF957 JE	41	TG010	61	TG086
2	TF906	22	TF957 TF958	42	TG013	62	TG087
3	TF910 -	23	TF964*	43	TG016	63	TG089
4	TF912	24	TF967	44	TG017	64	TG096
5	TF913~	25	TF968/	45	TG026	65	TG100 PO
6	√TF914	26	TF969	46	TG027	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	TF920 MONE	28	TF972	48	TG031	68	TG109
9	TF92140NE	29	TF974	49	TG040	69	TG112
10	7F923	30	TF980	50	TG046	70	TG114
11	1F924	31	TF982	51	TG048	71	TG117
12	7F927	32	TF985'	52	TG049	72	TG119 '
13	TF928	33	TF986	53	TG050	73	TG123
14	VIF932/	34	TF987	54	TG054	74	TG127
15	TF933	35	TF990'	55	TG065	75	TG132
16	x 2000	36	TF991 No	56	TG073	76	TG139/
17	1F938 NONE	37	TF991	57	TG079	77	TG140 '
18	TF939	38	TF999	58	TG083	78	TG142
19	1F951	39	TG002/ 4	59	TG084*	79	TG146/
20	TF953	40	TG005rlone	60	TG085	80	TG150 400

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a Complete items 1, 4a, and 4b. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form a card to you. Assort his form to the front of the malipiace, or on the bac permit. Withs "Return Receipt Requested" on the malipiace below to the feturn Receipt will show to whom the article was delivered. 3. Article Addressed to:	ik if space dose not the article number, versed and the date	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
TF 957	4a. Article i	Type ed Certified Mail Insured cospt for Megchandise COD	
Received By: (Print Name) Signature: (Addresses or edent) X PS Form 3811, December 1994	8. Addresses's Address (Only if requested and fee is paid) 102595-97-8-0179 Domestic Return Receipt		