

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
02/04/2002 TO 12/31/2002

Florida Public Service Commission
Deposit DATE

TG862-02-0-R **D298** JAN 31 2003
 A S Realty Investment Corp.
 23035 Sunfield Drive
 Boca Raton, FL 33433-7964
cc: P. Isler *030000 - PU*

FOR PSC USE ONLY
 Check# *2303*
 \$ 50.00 0603002
 003001
 \$ _____ P _____ 0603002
 004011
 \$ _____
 Postmark Date *1/30/03* No
 Initials of Preparer *MC* *postmark*

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 (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	_____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	TOTAL AMOUNT DUE	\$ _____

Please cancel this we are out of business

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

MS **CAF** **CMP** **COM** **CTR** **ECR** **GCL** **OPC** **MMS** **SEC** **OTH**
 Number of pay telephones in operation at close of period covered _____
 Nonny by this Return

* These amounts must be intrastate only and must be verifiable.

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 837.06, 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)

(Preparer of Form - Please Print Name)

(Title) _____ (Date)
 Telephone Number *364-29-2235* Fax Number *364-488-1581*

F E I No _____ DOCUMENT NUMBER - DATE

C: Paula Isler 0997 JAN 31 03

FPSC-COMMISSION CLERK