

RECEIVED

JUN 30 1993

June 25, 1993

CMU

VIA CERTIFIED MAIL P 007 252 118

Mr. Tom Williams
Florida Public Service Commission
101 East Gaines Street
Tallahassee, FL 32399-0876

930641-TS

RE: American Executive Suites, 126 W. Adams Street, Jacksonville, FL 32202

Dear Mr. Williams:

Please cancel Certificate 2660 for Share 1 Tenant Service Provider Regulatory Assessment Fee Return. Because we do not sell local service to our tenants, this form is not applicable. As per our discussion, all local service is billed by Southern Bell directly to American Executive Suites and its tenants.

If you have any further questions feel free to call me.

Sincerely,

ASSOCIATED CAPITAL PROPERTIES, INC.



Michele Wright
Property Manager

MW/tag

DOCUMENT NUMBER - DATE
07044 JUN 30 1993

Shared Tenant Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(Instructions For Filing On Back of Form)

STATUS:
 _____ Actual Return
 _____ Estimated Return

PERIOD COVERED:
 1/1/91 TO 6/30/91

TS113
 American Executive Suites
 200 West Forsyth Street, Suite 1
 Jacksonville, FL 32202-4353

Complete Below If Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____ 0603003
 003001

\$ _____ P
 0603003
 004010

\$ _____ I

Postmark Date _____

Initials of Preparer _____

UTILITY NAME	ADDRESS	CITY / STATE	ZIP CODE
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
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1.	Gross Intrastate Operating Revenue	\$ _____
2.	Regulatory Assessment Fee Due	\$ _____
	(.150% of Line 1)	
3.	LESS: APPROVED Prior-Period Overpayment	\$(_____)
4.	NET REGULATORY ASSESSMENT FEE DUE	_____
5.	Penalty For Late Payment	_____
6.	Interest For Late Payment	_____
7.	TOTAL AMOUNT DUE - Regardless of the amount of revenues collected, the MINIMUM AMOUNT DUE is \$50.00 *	\$ _____

- 8. Certificate No: _____
- 9. Type of switch: _____
- 10. Number of trunks or lines at close of period covered by this return _____
- 11. Number of customers being served at close of period covered by this return _____
- 12. Is company currently providing shared tenant service: () YES () NO
- 13. Last date service was provided to customers, if NO was checked on #12. _____

I, the undersigned owner or officer of the above-named utility, 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 s. 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.

Utility Official: _____ (Signature) _____ (Date) _____ (Title)

Telephone Number () _____

F.E.I. No. _____