

#970044-TC
ORIGINAL

Gowan Maharaj
Evelyn Enterprises, INC
5102 Evelyn Dr
Tampa FL 33609.

Enclosed please find payment for
1997. Please cancel certificate
for Evelyn Enterprises, INC.
as it does not exist anymore

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

98 JAN -5 AM 8:56
MAIL ROOM

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- LEG _____
- LIN _____
- OPC _____
- BCH _____
- WAS _____
- OTH _____

Thank You
Gowan Maharaj
Dec 31 1997.

DOCUMENT NUMBER-DATE
00341 JAN-78

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
 _____ Estimated Return

TF686	P173 998 418
Evelyn Enterprises, Inc.	
5102 Evelyn Drive	
Tampa, FL 33609-3604	
DEPOSIT	DATE
D682	JAN 06 1998

PERIOD COVERED:
 01/01/1997 TO 02/13/1997

FOR PSC USE ONLY	
Check#	552
\$	50.00 0603002
	003001
\$	P 0603002
	004011
\$	I
Postmark Date	12/31/97
Initials of Preparer	AP

Please Complete Below if Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ None
2.	Gross Intrastate Revenue	None
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(None)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ None
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	\$ 0 50.00

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 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 be 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.

Gewan D. Maharej (Signature of Company Official) owner (Title) Dec 30, 1997 (Date)
Gewan D. MAHAREJ (Please Print Name)
 Telephone Number (813) 832-2886
 F.E.I. No. _____