

DEPOSIT

DATE ATTACHMENT B

D712 FEB 17 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

ROBERT A GUSMAN

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

L & B MARKETING

3. ADDRESS OF THE APPLICANT(S)

STREET 13633 DEERING LANE DRIVE,

CITY CORAL GABLES

STATE & ZIP CODE FLA 33158

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: _____

ADDRESS _____

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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:

ROBERT A. CLOWAN

TITLE:

OWNER

PHONE:

(305) 257 7440

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

yes

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

AFTER I RECEIVED MY CERTIFICATE, I DECIDED NOT TO GO INTO THE PAY TELEPHONE BUSINESS & I CANCELED IT. THE NUMBER WAS 5120

8 LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLA. ONLY

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

N/A

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES

N/A

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES EXPLAIN CIRCUMSTANCES.

N/A

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

N/A

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

TAXES (ABILITY TO SEND AND RECEIVE FROM PHONES)

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR

5

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

2/13/98

APPLICANT ACKNOWLEDGMENT

Applicant ROBERT H. [unclear]

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

Signature: [Handwritten Signature]

Title: OWNER

Date: 2/13/95

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.

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Requests for
cancellation of certificates to
provide pay telephone service.

Sublime N.V. d/b/a Lincoln Park
West, Inc.

Certificate No. 4176

T.J. Cooper

Certificate No. 4185

Robert A. Gusman

Certificate No. 5120

Michael B. Her

Certificate No. 4110

Talley Communications, Inc.

Certificate No. 3095

DOCKET NO. 97104-TC

DOCKET NO. 97165-TC

DOCKET NO. 97165-TC

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DOCKET NO. 97104-TC

ORDER NO. 98-0158-FOF-TC
ISSUED: January 27, 1998

The following Commissioners participated in the disposition of
this matter:

JULIA L. JOHNSON, Chairman
J. TERRY LEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, Jr.

ORDER CANCELLING PAY TELEPHONE CERTIFICATES

BY THE COMMISSION:

The entities listed below have requested cancellation of
their pay telephone certificates.

ENTITY'S NAME

CERTIFICATE NUMBER

Sublime N.V. d/b/a Lincoln Park West,
Inc.

4176

T.J. Cooper

4185

COMMISSION FILED DATE

01439 JAN 27 98

FLORIDA PUBLIC SERVICE COMMISSION

ORDER NO. PSC-98-0158-FCF-TC
DOCKETS NOS. 971654-TC, 971655-TC, 971656-TC, 971657-TC,
971664-TC
PAGE 2

ENTITY'S NAME

CERTIFICATE NUMBER

Robert A. Gusman

5120

Michael L. Hei

4110

Talley Communications, Inc.

3895

Each entity shall return its certificate to this Commission. In addition, under Section 364.336, Florida Statutes, certificate holders must pay a minimum annual regulatory assessment fee of \$50 if the certificate was active during any portion of the calendar year. A Regulatory Assessment Fee Return notice will be mailed to each of the above entities. Neither the cancellation of their certificates nor the failure to receive their Regulatory Assessment Fee Return notice shall relieve these entities from their obligation to pay due and owing regulatory assessment fees.

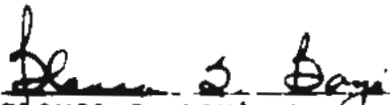
Based on the foregoing, it is

ORDERED by the Florida Public Service Commission that the pay telephone certificates listed herein are hereby cancelled. It is further

ORDERED that each entity shall return its certificate and remit all due and owing regulatory assessment fees. It is further

ORDERED that these dockets are closed.

By ORDER of the Florida Public Service Commission, this 27th day of January, 1998.



BLANCA S. BAYS, Secretary
Division of Regulatory Reporting

(S E A L)

KMP

 ATTN. MR. GUSMAN

02/13/98

FICTITIOUS NAME DOCUMENT SCREEN

16 41:1

SUMMARY FOR FILING G95118900016

FILED 04/28/1995

STATUS: ACTIVE

EXPIRES 12/31/2006

Current Owners: 0001

County DADE

Pages in all forms/attachments 0001

Events filed 0000

Name L AND B MARKETING

FEI: 65-0574679

Addr 530 SOUTH MASHTA DR

KEY BISCAYNE, FL 33149 US

1) OWNER GUSMAN, ROBERT A

530 SOUTH MASHTA DR.

KEY BISCAYNE, FL 33149 US

DEPOSIT

DATE ATTACHMENT B

D712

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 - C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the state of Florida, attach proof

RECEIVED
 FEB 17 1998
 98 FEB 17 11 06 AM
 MAIL ROOM

L & B MARKETING

BARNETT BANK
 OF SOUTH FLORIDA, N.A.
 MIAMI, FL 33156
 63 398/670

1091

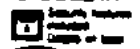
2/14/1998

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

100.00

One Hundred and 00/100

DOLLAR



[Handwritten signature]

MEMO Application fee for Certificate