TO AVOID	Pay Teleph  ** FINAL	one Service Provide PAYMENT Florida Pub	der Regulatory Assessm	RE 02/01/1999		
Actual Return Estimated Return  PERIOD COVERED: 01/01/1998 TO 12/31/1998		TE335  Paytel One, Inc.  801 West Tropical Way Plantation, FDEPOSIT 7-3351  DATE  D063 - JAN 15 1999  Please Complete Below If Official Mailing Address Has Changed		SSSSS	\$ 50.00 0603002 003001 \$ P 0603002 004011 \$ I Postmark Date 1/18/89 Initials of Preparer	
	(Name of Company)	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Address)	(City/State)	(Zip)	
LINE NO.	A	CCOUNT CLASSIFIC		14-TC AM	IOUNT	
1.	Gross Operating Re				8835	
2.	Gross Intrastate Re	Gross Intrastate Revenue			3951	
3.					6,200;	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation S 27951 (Line 2 less Line 3)					
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)					
6.	Penalty for Late Pa			-		
7.	Interest for Late Pa	yment				
8.	TOTAL AMOUNT	DUE		\$	Jo 00	
G.	THIS FORM MUST BE	COMPLETED AND RETURN	RIDA STATUTES, THE MINIMUM AND RED REGARDLESS OF THE AMOUNT OF COVERED COVERED	NNUAL FEE IS \$50	ORR GRAD	
	801 W	YTEL ONE TROPICAL WAY FATION, FL 33317		63-398 65172		
PAY		0		-12 99		
TO THE ORDER OF	+ (ov. de	PSC		\$ 50 %	× -	
tit	4 *	Mark Brown Waren's		DOLLARS E	Samurily hastures makedost houses are basis.	
_	DARNETT BANK OF SOUTH PLORIDA, NA			DOCUMENT NUMBER - D.	ATE I	
Deg Hisses For			(= <	( JO774 JAN 21 8		
FOR	16 3 35			PSC-RECORDS/REPORT	ING -	

TO AVOID	Pay Teleph	pany Sold - See note belowers, the RE ATORY ASSESSMENT FEE RETURN MUST BE FILED ON OF ORE 02/1000 Service Provider Regulatory Assessment PAYMENT  Florida Public Service Commission  (See Filing Instructions on Back of Form)	01/1999			
Actual Return Estimated Return PERIOD COVERED: 01/01/1998 TO 12/31/1998		Please Complete Below If Official Mailing Address Has Changed	\$			
	(Name of Company)	(Address)	(City/State) (Zip)			
LINE NO.	. A	CCOUNT CLASSIFICATION	AMOUNT			
1.	Gross Operating R	evenue	s \$8835			
2.	Gross Intrastate Re	43951				
3.	LESS: Amounts Paid for Services to Local Telephone Companies  (Attach Listing)*					
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation \$ 27951 (Line 2 less Line 3)					
5.	Regulatory Assessn	41.62				
6.	Penalty for Late P	ayment				
7.	Interest for Late P	ayment				
8.	TOTAL AMOUN		s 5000			
	AS PROVII	DED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUA	RICK MOIS RAR  NAME OF STATE  NOTING  NOTING			
	THIS FORM MUST B	E COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF	REVENUES REPORTED			
9. *Each amon	by this Return	ephones in operation at close of period covered  4 5012 8-31-98 +0  PSA INC. 3455 Peach tree Indust  my to a telecommunications company providing local service for use of the local network				
I, the information	undersigned owner/officer of is a true and correct statemen	the above-named company, have read the foregoing and declare that to the bt. I am aware that pursuant to Section 837,06, Florida Statutes, whoever knowing the performance of his official duty shall be guilty of a misdemeanor of the sec	gly makes a false statement in writing with			
	05	Downer	1-12 -99			
	(Signature of Comp ScHw; W (Please Print Na		269 (Date) Fax Number (			