REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

	31 (PLEASE TYPE)	00.00	
Da	Date August 26, 1999	Docket No. 991333-TC	
1.	1. Division Name/Staff Name <u>Communications/Isler</u>		
2.	2. OPR Communications/Isler		
3.	3. OCR Legal Services		
4.	4. Suggested Docket TitleCancellation by Florida Public Service Commission of Pay Telephone Certificate		
	No. 5931 issued to Robert D. Ellis d/b/a Wright Communications for vio		
Regulatory Assessment Fees: Telecommunications Companies.			
Э.	5. Suggested Docket Mailing list (attach separate sheet if necessary)		
 A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all others. (<u>Match representatives to clients.</u>) 			
	1. Parties and their representatives (if any)		
Ro	Robert D. Ellis		
_			
	2. Interested Persons and their representatives (if any)		
6.	6. Check one: XX Documentation is attached. Documentation will be provided with recommendation.		
1.1	I:\PSC\RAR\WP\ESTDKT.		
PSC/PAR 10 (Revised 01/96)			

DOCUMENT NUMBER-DATE 10705 SEP-78

FPSC-RECORDS/REPORTING



Report of Delinquent Regulatory Assessment Fees

As of 08/26/1999

TG401:

Wright Communications 7690 S.W. 7th Court

North Lauderdale, FL 33068-1309

Liaison:

Robert D. Ellis, Owner, (954) 718-6044

Certificates:

5931, Status is active,

Dates:

Effective Date 10/13/1998 Inactive Date //

RAF Owed:

Unknown

01/01/1998 through 12/31/1998

State of Florida

Bublic Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



CERTIFIED MAIL

Return Recipt Requested





Compujet Telecommunications Inc. Joseph D. Pierre №855 South University Drive Davie FL 33328-1439

COMPOSS SISSESTITY 1444 1/ 12/13/44
RETURN TO SENDER
COMPUJET INT
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

SENDER:

Is your RETURN ADDRESS

■ Complete items 1 and/or 2 for additional services.

Wright Communications

7690 S.W. 7th Court

North Lauderdale FL

Robert D. Ellis

Complete items 3, 4a, and 4b.

■Print your name and address on the reverse of this form so that we can return this

Attach this form to the front of the mailpiece, or on the back if space does not

■Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

33068-1309

4a. Article Number

Certified

☐ Insured andise
COD

Only if requested

und ide is paid)

PS Form **3811**, December 1994

6. Signature: (Addressee or Agent)

Domestic Return Receipt

2468

56 9

DOCUMENT NUMBER-DATE