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Thonk you Henry W Schwald.

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FPSC-RECORDS/REPORTING

| TO AVOID P               |   | one Serve Provider  | RETURN MUST BE FILED ON OR BEFORE 01/<br>Regulatory Assess   |   |  |
|--------------------------|---|---|--|---|--|
| STATUS                   | S:  | Florida Public  | A Service, Gommission  | FOR PSC USE ONLY<br>Check#_//92                       |  |
|                          | Actual Return<br>Estimated Return<br>Amended Return<br>O COVERED:<br>1999 TO<br>1999                    | Henry W. Lehwald<br>8000 N.W. 47th Drive<br>Coral Springs, FL 3300<br>DEPOSIT | Instructive on Back of Form)<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION<br>FLORIDANAMISSION | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |  |
|                          | (Name of Company)   |   | (Address)  | (City/State) (Zip)                                    |  |
|                          |   |   |  | (City/State) (Zip)                                    |  |
| LINE<br>NO.              | ACCOUNT CLASSIFICATION AMOUNT   |   |  |   |  |
| 1.                       | Gross Operating Revenue (Florida)   |   |  |   |  |
| 2.                       | Gross Intrastate Revenue  |   |  |   |  |
| 3.                       | LESS: Amounts Paid to Other Telecommunications Companies* ()<br>(see "2. Fees" on back)                 |   |  |   |  |
| 4.                       | TOTAL REVENUES for Regulatory Assessment Fee Calculation       \$         (Line 2 less Line 3)       \$ |   |  |   |  |
| 5.                       | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)   |   |  |   |  |
| 6.                       | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)                                 |   |  |   |  |
| 7.                       | Interest for Late Payment (see "3. Failure to File by Due Date" on back)                                |   |  |   |  |
| 8.                       | TOTAL AMOUNT DUE P. Isker \$ 5000   |   |  |   |  |
|                          | AS PROVIDED   | IN SECTION 364.336 FLORIDA  | STATUTES, THE MINIMUM AN   | NNUAL FEE IS \$50                                     |  |
| ТН                       | IIS FORM MUST BE CO   | MPLETED AND RETURNED  | REGARDLESS OF THE AMOUNT   | OF REVENUES REPORTED                                  |  |
| ~                        |   |   |  |   |  |
|                          | LECO MARKE<br>8000 NW 47<br>CORAL SPRINGS   | TH DR.  | × ∠HUJUDAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA  | 1192  |  |
| PAY<br>TO THE<br>ORDER O | F   | Torcan Public for   | DATE /   | <u>2-13 99</u><br>50 00<br>\$ 50 00                   |  |
|                          | Coral Springe Office<br>2425 University Drive, Coral Sprin<br>(954) 253-2200                            | TERS BANK   | 74 1.7   | DOLLARS   |  |
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## Kay Flynn

| From:    | Paula Isler                        |
|----------|------------------------------------|
| Sent:    | Tuesday, December 28, 1999 7:59 AM |
| To:      | Kay Flynn                          |
| Subject: | RE: TF851 - Henry W. Lehwald       |

It is OK to open the docket to cancel.

-----Original Message-----From: Kay Flynn Sent: Tuesday, December 28, 1999 7:46 AM To: Paula Isler Subject: TF851 - Henry W. Lehwald

Paula, ADM gave us a copy of this PATS provider's letter requesting cancellation. Should we open a cancel docket? Kay