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FLORIDA PUBLIC
SERVICE COMMISSION

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MAIL ROOM

ORIGINAL

VIA FACSIMILE & CERTIFIED MAIL

January 27, 2000

Ms. Blanca Bayo
Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, Florida 32399-0850

Reference: Docket No. 991875-TS

Dear Ms. Bayo:

The referenced docket has been initiated by the Division of Records and Reporting to cancel the Alternative Local Exchange Telecommunications Certificate No. 4818 issued to OpTel (Florida) Telecom d/b/a OpTel for violation of Rule 25-4.0161 F.A.C. and failure to pay regulatory assessment fees for its 1998 operations. Due to a series of internal reorganizations, the company had inadvertently neglected to remit the requisite fees to the Commission. Please be advised that this oversight has been corrected. On this date, a check in the amount of \$68.50 has been sent to the attention of Mr. Frank Harrison, Division of Administration. This remittance covers the Regulatory Assessment Fee, Late Payment Penalties, and interest. In addition, the company remitted the 1999 Regulatory Assessment Fee. OpTel is now current on all balances due for regulatory assessments in Florida.

Please note that OpTel has taken steps to ensure that future payments of Regulatory Assessment Fees will be remitted in a timely manner. OpTel's Finance Department has created a regulatory assessment function and appointed an individual to administer all regulatory assessments owed by the company. A payment schedule tracking the description and amount of all such fees has been created and is updated as the company expands its operations.

By this letter, OpTel submits a settlement offer to resolve the pending docket before the Commission. OpTel proposes a \$100.00 settlement in lieu of the \$500.00 fine normally imposed for this rule violation. Ms. Paula Isler, the staff member assigned to this docket, has advised OpTel that this settlement has been accepted by the Commission in similar cases. It is OpTel's hope that the Commission will recognize the efforts the company has undertaken to resolve this matter quickly and accept its settlement offer.

Thank you for your consideration of OpTel's proposal. Should you have any questions pertaining to this matter, please feel free to contact me at 214-634-3896.

Sincerely,

Diane J. Harbaugh
Manager, Regulatory Affairs

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VIA OVERNIGHT MAIL

January 27, 2000

Mr. Frank Harrison
Division of Administration
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, Florida 32399-0850

Reference: 1999 Regulatory Assessment Fees
TVMAX Telecommunications Inc. d/b/a OpTel

Dear Mr. Harrison:

Enclosed please find completed documentation and a check in the amount of \$121.13 for payment of the 1999 Regulatory Assessment Fee by TVMAX Telecommunications Inc. d/b/a OpTel. In addition, a payment of \$50.00 is enclosed to cover the 1999 regulatory assessment fee for the company's interexchange operations.

Should you have any questions pertaining to this matter, please feel free to contact me at 214-634-3896.

Sincerely,

A handwritten signature in cursive script, appearing to read "Diane J. Harbaugh".

Diane J. Harbaugh
Manager, Regulatory Affairs

Shared-Tenant Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TS176
OpTel
1111 W. Mockingbird Lane, 10th Floor
Dallas, TX 75247

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603003
003001

\$ _____ P
0603003
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
01/01/1999 TO 12/31/1999

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ 80,754.47
2.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	 _____
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2)	 80,754.47
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	121.13
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	-
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	-
7.	TOTAL AMOUNT DUE	\$ 121.13

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the 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.

(Signature of Company Official)

CONTROLLER

(Title)

1/25/00

(Date)

CRAIG MZLACEK

(Preparer of Form - Please Print Name)

Telephone Number (214) 634-3800 Fax Number (214) 634-3872

F.E.I. No. 95-4498704

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TI592
OpTel
1111 West Mockingbird Lane, Suite 1000
Dallas, TX 75247

PERIOD COVERED:

01/01/1999 TO 12/31/1999

FOR PSC USE ONLY

Check# _____
\$ _____ 0603001
003001
\$ _____ P
0603001
004011
\$ _____ I
Postmark Date _____
Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 59,396.00	\$ 19,719.47
2.	Access Services	-	-
3.	Private Line Services	-	-
4.	Leased Facilities & Circuits Services	-	-
5.	Miscellaneous Services	-	-
6.	TOTAL Telephone Services	\$ 59,396.00	\$ 19,719.47
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(-)	(-)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		19,719.47
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: STS

BILLING INFORMATION

Complete below if billing agent if other than yourself.

What is the total amount of customer deposits collected? (Address: City/State/Zip) (Telephone)
Amount: \$ _____ for 19 _____ What is the total amount of bond held (if applicable)?
Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
If YES, who do you lease these facilities from? Name: TCG

Address: P.O. BOX 10226, NEWARK, NJ 07193-0226

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the 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/her duty shall be guilty of a misdemeanor of the second degree.


(Signature of Company Official)
CRAIG MILACEK
(Preparer of Form - Please Print Name)

CONTROLLER (Title) 1/25/00 (Date)
Telephone Number (214) 634-3800 Fax Number (214) 634-3870
F.E.I. No. 95-4498704

TVMAX Telecommunications, Inc.

1111 W. MOCKINGBIRD LN., SUITE 1000
DALLAS, TX 75247
(214) 634-3800

No. 128781

DATE: 26-JAN-00 CUST. ACCT. NO.

VENDOR NAME FLORIDA PUBLIC SERVICE VENDOR NO. 3388

INVOICE NO	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
ASSESSMT	31-DEC-99		0.00	50.00
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PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT. *Thank You* 0.00 50.00

THIS CHECK CONTAINS SAFETY FEATURES FRONT AND BACK. DO NOT CASH UNLESS YOU CAN SEE THE WORD "SAFE" WHEN HOLDING AT AN ANGLE.

Optel
The choice is clear.
A Vidcotron Company

TVMAX Telecommunications, Inc.
1111 W. MOCKINGBIRD LN., SUITE 1000
DALLAS, TX 75247
(214) 634-3800

BANK OF AMERICA TEXAS, N.A.
CORPORATE OFFICE
IRVING, TEXAS
32-9312
3110

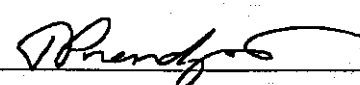
No. 128781

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
26-JAN-00	128781	*****50.00

VOID AFTER 90 DAYS

PAY Fifty Dollars And 00 Cents*****

TO THE ORDER OF
FLORIDA PUBLIC SERVICE
CAPITAL CIRCLE OFFICE CENTER
2540 SHUMARD OAK BLVD
TALLAHASSEE, FL 32399-085



REDACTED



VIA OVERNIGHT MAIL

January 27, 2000

Mr. Frank Harrison
Division of Administration
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, Florida 32399-0850

Reference: 1998 and 1999 Regulatory Assessment Fees
OpTel (Florida) Telecom, Inc.

Dear Mr. Harrison:

Enclosed please find completed documentation and a check in the amount of \$68.50 to cover 1998 Regulatory Assessment Fees, Late Payment Penalties, and interest payments due from OpTel (Florida) Telecom, Inc. Due to a series of reorganizations, OpTel inadvertently neglected to remit the fee to the Commission prior to this time. Please note that I have also enclosed the 1999 RAF form and 1999 regulatory assessment fee for the company.

Should you have any questions pertaining to this matter, please feel free to contact me at 214-634-3896.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane J. Harbaugh". The signature is fluid and cursive.

Diane J. Harbaugh
Manager, Regulatory Affairs

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TX070
 OpTel
 1111 West Mockingbird Lane, Suite 1000
 Dallas, TX 75247

FOR PSC USE ONLY	
Check#	_____
\$	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

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.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services	-	-
3.	Access Services	-	-
4.	Private Line Services	-	-
5.	Leased Facilities & Circuits Services	-	-
6.	Miscellaneous Services	-	-
7.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0.00
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0015)		50.00
9.	Penalty for Late Payment		12.50
10.	Interest for Late Payment		6.00
11.	TOTAL AMOUNT DUE		\$ 68.50

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Provider Reseller
 Other: COMPANY IS NOT OPERATING AS AN ALEC IN FLORIDA AT THIS TIME.

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the 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/her duty shall be guilty of a misdemeanor of the second degree.

Craig Milacek
 (Signature of Company Official) CONTROLLER (Title) 1/24/99 (Date)
 CRAIG MILACEK (Please Print Name) Telephone Number (214) 634-3800 Fax Number (214) 634-3870
 F.E.I. No. 95-4478704

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX070
OpTel
1111 West Mockingbird Lane, Suite 1000
Dallas, TX 75247

PERIOD COVERED:
01/01/1999 TO 12/31/1999

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
003001

\$ _____ P
0603006
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**	-	-
3.	Access Services	-	-
4.	Private Line Services	-	-
5.	Leased Facilities & Circuits Services	-	-
6.	Miscellaneous Services	-	-
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		-
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		-
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		-
13.	TOTAL AMOUNT DUE		\$ 50.00

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: COMPANY IS NOT OPERATING AS AN ALEC IN FLORIDA AT THIS TIME

BILLING INFORMATION


Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the 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/her duty shall be guilty of a misdemeanor of the second degree.



 (Signature of Company Official)
 CRAIG MILACEK

 (Preparer of Form - Please Print Name)

 CONTROLLER (Title)
 1/24/99 (Date)
 Telephone Number (214) 634-3800 Fax Number (214) 634-3870
 F.E.I. No. 95-4498704

TVMAX Telecommunications, Inc.

1111 W. MOCKINGBIRD LN., SUITE 1000
DALLAS, TX 75247
(214) 634-3800

No. 128778

DATE: 26-JAN-00 CUST. ACCT. NO.

VENDOR NAME FLORIDA PUBLIC SERVICE VENDOR NO. 3388

INVOICE NO	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
1999 ASSMT	31-DEC-99		0.00	50.00
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PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT. *Thank You* 0.00 50.00

THIS CHECK CONTAINS SAFETY FEATURES FRONT AND BACK. DO NOT CASH UNLESS YOU CAN SEE THE WORD "SAFE" WHEN HOLDING AT AN ANGLE.



TVMAX Telecommunications, Inc.
1111 W. MOCKINGBIRD LN., SUITE 1000
DALLAS, TX 75247
(214) 634-3800

BANK OF AMERICA TEXAS, N.A.
CORPORATE OFFICE
IRVING, TEXAS
32-9312
3110

No. 128778

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
26-JAN-00	128778	*****50.00

PAY Fifty Dollars And 00 Cents***** VOID AFTER 90 DAYS *****

TO THE ORDER OF
FLORIDA PUBLIC SERVICE
CAPITAL CIRCLE OFFICE CENTER
2540 SHUMARD OAK BLVD
TALLAHASSEE, FL 32399

REDACTED