Alternative Local Exchange Company Regulatory Assessment: Fee Return Assessment Fee Return

STATUS:	Florida Public Ser	one on Back of Formi	FOR PSC USE ONLY Check# 94368857745 +
Actual Return Estimated Return PERIOD COVERED: 12/22/98 TO 12/31/98	TX243 D2 96 All Kinds Cashed, Inc. P. O. Box 297 Eaton Park, FL 33840-029	2 2 2000	\$ 50.00 8300 9386056 \$ 12.50 06036 \$ 10.00 0046 \$ 10.00 1 Postmark Date 5/17/00 Initials of Preparer MC
	Please Complete Below If Official	Mailing Address Has Changed	
(Name of Company)	(Ad	dress)	(City/State) (Zi
8. Regulatory Assessment Fee I 9. Penalty for Late Payment 10. Interest for Late Payment 11. TOTAL AMOUNT DUE AS PROVIDED	Services Egulatory Assessment Fee Calculation Due (Multiply Line 7 by 0.0015) D IN SECTION 364.336, FLORIDA STANDARY ORDE	사용하다 하다 하는 아이들은 사용하는 아이들이 아니라 사용하는 사용하는 사용하는 사용하는 사용하는 사용하다 하는 사용하는 사용하다 하는 사	\$' C) - \$0,00 12,30 \$ 70.50 AL FEE IS \$50
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D. NO. OR DEOR	CHECKWRITER IMPRINT AREA FROM ACC ADDRESS OCC S NEGOTIABLE ONLY IN THE	SSSONS DE	CAF U0 E COMB I
T	RAVELERS EXPRESS ERNATIONAL MONEY ORDER 943688 MUNEY	05/17/00 88-1055	DOCUMENT ME DOCUMENT ME DOCUME
PAY TO THE ORDER OF PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE PURCHASER, SIGNER FOR THE SERVICE CHARGE PURCHASER PURCH	DOLLAR OR DRAWER CC Rd Lakelard 961810	7 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	est of my knowledge and belief the about the statement in writing with degree. S/17/60 (Date) 95 Fax Number 863 665-357

Alternative Local Exchange Company Regulatory Assessment Fee Return

Actual Return Estimated Return Amended Return Amended Return P. O. Box 297				FOR PSC USE ONLY Checks 74368857737	
				\$ 50.00 0603 \$ 10.00 P 0603 \$ 2.00 1 Postmark Date 5/17/00	
01/01/99 10 12/31/99	Please Complete Bel	ow If Official Mailing Address Has C	hanged	Initials of Preparer	
(Name of Company)		(Address)		(City/State) (Z	
NE NO. ACCOUNT CLASSIFICATION 1. Basic Local Services 2. Long Distance Services (IntraLATA only)** 3. Access Services 4. Private Line Services		GROSS OPERATI		INTRASTATE REVENU	
9. Net Intrastate Operating Reve 10. Regulatory Assessment Fee D 11. Penalty for Late Payment (see 12. Interest for Late Payment (see 13. TOTAL AMOUNT DUE	er Telecommunications Commune for Regulatory Assessmente (Multiply Line 9 by 0.00 to "3. Failure to File by Due 1 to File by Due 1	Date" on back)	ask.	\$ 50.00 10.00 2.00 \$ 62.00	
* These amounts must be intrastate only a Other long distance revenue must be lis AS PROVIDED I () Facilities-Based Provider	N SECTION 364.336, F CURR		1	7 18 Y	
Complete below if billing agent if other than	BII yourself.	LING INFORMATION		0.00	
73.					
(Name)	CANNEL & CHRISTING & CHRISTIA	(Address: City/State/Zip)	NV(6 12)	(Tcisphone)	

May 17, 2000

2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Dear Ms. Blanca Bayo:

We are so sorry for the inconvenience, however our company has never handled any phone transactions since we received our license. We intend to start utilizing our licenses. We will follow the rules and regulations more closely, and we will not let this happen again. We are offering \$100.00 dollars as a settlement. Again I apologize for the inconvenience.

Sincerely,

Kenneth Roberts President

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