


020082-TC

January 25, 2002

To whom it may concern:
Please cancel the certificate #5406. We have not been an acting company since November 2000.

If there are any questions , you can contact me at : (954)748-5800

Thank You ,

A handwritten signature in cursive script, appearing to read "Lisa Bergman".

Lisa Bergman ?Sunswept Enterprises, Inc. #5406

01134-02

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG105-01-0-R
Sunswept Enterprises Inc.
9181 N.W. 24th Street
Sunrise, FL 33322-3274

DEPOSIT

DATE

D 1 6 3

JAN 30 2002

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 5846

\$ 50.00 0603002
003001

\$ P 0603002
004011

\$ I

Postmark Date 1/26/02

Initials of Preparer MC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
NO.

ACCOUNT CLASSIFICATION

AMOUNT

1. Gross Operating Revenue (Florida)
2. Gross Intrastate Revenue
3. LESS: Amounts Paid to Other Telecommunications Companies*
(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)

\$ 0
0
0
\$ 0
0
0
\$ 50.00

8. TOTAL AMOUNT DUE

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered
by this Return

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

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.

Lisa Rae Bergman
(Signature of Company Official)

D. Reddick 12/14/01
(Title) (Date)

Lisa Rae Bergman
(Preparer of Form - Please Print Name)

Telephone Number 954 748 5800 Fax Number ()

F.E.I. No. 65-0757323

DOCUMENT NUMBER-DATE

01134 JAN 30 02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 17, 2002

SUNSWEPT ENTERPRISES, INC.
9181 N.W. 24 STREET
SUNRISE, FL 33322

Re: Document Number P97000039815

The Articles of Dissolution dissolving SUNSWEPT ENTERPRISES INC., a Florida corporation, were filed on January 9, 2002.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Carol Mustain
Corporate Specialist
Division of Corporations

Letter Number: 002A00002433