AMERICAN PUBLIC PAYPHONE CORP.	<u></u>		
ADDRESS OF THE APPLICANT(S)			
STREET 1201 U.S. HIGHNAY ONE			
CITY NORTH PALM BEACH			
STATE & ZIP CODE PLORIDA . 33408		S	,
TYPE OF ORGANIZATION (CHECK ONE) √		- K	2
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HE OWN NAME:	R ()	(· .	•
DOCUMENTATION: No other documentation needed.		্ ন ন	
B. PARTNERSHIP:	()	2	
DOCUMENTATION: Attach a copy of the partnership agname and address of all partners.	greement, a	nd a list w	/ith
C. CORPORATION:	(🗸)	,	
CUMENTATION: Attach proof that articles of incorporal Florida Secretary of State's Office. If incorporated outs from the Florida Secretary of State that applicant has a Florida and provide name and address of Florida Regis	ide of Florid authority to d	la, attach operate in	pro

	D. DO	OING BI	JSINESS	SUNDER	A FICTIT	OUS NA	ME:	()		
				tach proof ary of State		titious na	ame(s) ha	is been ri	egistere	ed
5. WHO				LE, AND 1 COMMIS				THE IN	OIVIDU	AL
	NAME:	_	ART	SMIT	H					
	TITLE:	_	CONS	MLTIN	4 SER	ILES	DIRE	CTOR		
	PHONE	E: _	617-	330-0	1411		-			
SHAR	OR IN TEHOLD PHONE	THE CA ER OF CERTIF	SE OF A THE APP FICATE I	ANY SUBS A CLOSEL' PLICANT E IN THE ST Y TELEPH	Y HELD (EVER BE ATE OF I	ORPOREN GRA	RATION A INTED OF A? THIS	NY R DENIEI	DA P	•
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7 CERT				UESTION CERTIFIC			SE EXPL	AIN AND	LIST	HE
8.	LIST T	THE STA	TES IN	WHICH TI	HE APPL	CANT:				
	A . 1	IS CURI	RENTLY	PROVIDII	NG PAY 1	releph	ONE SER	RVICE.		
								_ —		
	MA.NI	V, NH, 1	ME NY							

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.	
NONE	
C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.	
N/A	
	-
D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.	
NONE	
9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BA MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR O CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.	
NONE	

10.	PLEASE CHECK √ THE	SERVICES THAT WILL BE	PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE	d operator services	
	PROPOSED NUMBER OF NS TO PLACE IN THE FIR	F PAY TELEPHONE INSTRU	MENTS THE APPLICANT
	HOW DOES THE APPLIC PHONE? √	CANT INTEND TO SERVICE	AND MAINTAIN EACH
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINT OTHER DESCRIBE	l	
PRO	VIDE ACCESS TO ALL LO	TELEPHONES WHICH YOU CALLY AVAILABLE LONG D 1-800? (See Rule 25-24.51)	DISTANCE CARRIERS
	Ves		

14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)
	YES

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY.

HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY

KNOWLEDGE AND BELIEF. THE INFORMATION IS A TRUE AND CORRECT

STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE.

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. I WILL

COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS

REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-

REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION.

ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT

FEE (MINIMUM \$50.00 PER CALENDAR YEAR). FILE AN ANNUAL PAY TELEPHONE

SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO

KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR

ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: SEPTEMBER 3, 1998



Applicant_	AMBRICAN PUBLIC PAY PHONE CORP.
	owledge receipt and understanding of the Florida Public Service on's Rules and Requirements relating to my provision of Pay
Telephone	
Signature:	adhus Smith
Title:	PRESIDENT
Date:	Sept. 3, 1998

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO 30 WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



Bepartment of State

I certify from the records of this office that AMERICAN PUBLIC PAYPHONES, INC., is a corporation organized under the laws of the State of Florida, filed on July 17, 1998.

The document number of this corporation is P98000063786.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Nineteenth day of August, 1998

TO THE TOTAL PROPERTY OF THE PARTY OF THE PA

CR2EO22 (2-95)

Sandra B. Mortham

Secretary of State

DATE DEPOSIT D 0 0 4 M SEP 0 8 1998

ATTACHMENT B

	I. LE	EGAL NAME	OF THE	APPLICANT_A	MERICAN	PUBLIC	PAY	PHO	Ea	ORP.
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		CUMENTAT		ach a copy of the partners.	e partnership	ay, eeme	nt, an	d a li	st wi	th the
	C.	CORPOR					(V)			
	120	NOSC CORP.	200	proof that article	11.5	Oration ha BT UNION NATION N. PALM BEAC 83-643/670			8/30/	5748
PAY TO THE ORDER OF		blic Service Comm	ission	201 ·					••100	0.00
	Betty Easley E 2540 Shumard Capital Circle	Service Commissi Bldg, c/o Records &				M	Lo	elu	h	D0000411