LEGAL NAME OF TH	GOETT.		T TREAS. REC.	
NAME UNDER WHICH	THE APPLICANT WILL DO	BUSINESS		
EAGLE	LiquiDATORS OF M	ioni INC	9100	57-1
ADDRESS OF THE A				
STREET	. 22.50 NW 2	<u>.9 ST.</u>		
CITY	Miami -			
STATE & ZIP	, FL 33142	<u> </u>		
TYPE OF ORGANIZ	ATION (CHECK ONE)			
	L DOING BUSINESS UNDER	HIS/HER:	[]	4
DOCUMENTATION:	No other documentatio	on needed.		
B. PARTNERS	HIP:		[]	
DOCUMENTATION: with the name a	Attach a copy of the nd address of all parts	partnership ag ners.	reement, and	i a list
C. CORPORATI		5	DX3	
filed with the	Attach proof that an Florida Secretary of ida, attach proof from withority to operate in istered Agent.	the flowide for	rotary of St	ate that
NAME	وسند فلينعب التغا	, = = - =		
ADDRESS				
D. DOING BU	SINESS UNDER A FICTITIO	DUS NAME:	[]	
DOCUMENTATION .	Attach proof that fict cretary of States Offic	itious name has	been regist	ered with

FORM PSC/CHU 32 (R3-93) PAGE 2 OF S REQUIRED BY CONNISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

FPSC-RECORDS/REPORTING

 PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME :	, ADRIAN GOETT
TITLE:	PRESIDENT
PHONE :	305- 633- 5458 .

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE 7. CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE

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D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS (TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	NONE
FOUND	E INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP O IDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, O GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS M/ T FROM PENDING PROCEEDINGS.
	NONE
PLEAS	E CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL	DISTANCE
COIN	NG CARD
CREDI	T CARD , DESCRIBE
PROPO IN TH	SED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE
HOW D	OES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
FULL- PART- SERVI	NALLY TIME TECHNICIAN TIME TECHNICIAN CE/REPAIR/MAINTENANCE CONTRACT
111111	

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS 13. TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.

VES

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

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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) 19/96 DATE:

FORM PSC/CHU 32 (R3-93) PAGE 6 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

	APPLICANT AC	KNOWLEDGEMENT CARD
Applicant	ADRIAN	GOETT
Service Co	mmigsion's Rule	and understanding of the Florida Public es and Requirements relating to my provision
Service Co of Pay Tel	ephone Service	es and Requirements relating to my provision
Service Co of Pay Tel Signature	ephone Service	es and Requirements relating to my provision

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

1.	and the second se	6 MAANT	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS EAGLE LIQUIDATONS OF MIDMI INC		
3.	ADDRESS OF THE APPLICANT(S) STREET <u>22.50 NW 20 ST.</u> CITY <u>MIAMI</u> STATE & ZIP <u>FL 33142</u>		
4.	TYPE OF ORGANIZATION (CHECK ONE)		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	[]	•
	DOCUMENTATION: No other documentation needed.		tops
	B. PARTNERSHIP:	[]	
	DOCUMENTATION: Attach a copy of the partnership a with the name and address of all partners.	agreement, a	nd a list
	C. CORPORATION:	00	
	DOCUMENTATION: Attach proof that articles of ind filed with the Florida Secretary of State's Offi outside of Florida, attach proof from the Florida Se applicant has authority to operate in Florida and pr of Florida Registered Agent.	ecretary of	State that
	NAME		
	ADDRESS		
	and the second second		
SUN	TRUST SUNTRUST SUNTRUST SUNTRUST SOLT	BUILD LEGIS	tered with
PH A	TRUST SUNTRUST	r SUNT	