From: Linda Williams

CONFIRMED

To: Paula Isler Subject: fwd: TA019

===NOTE=========3/31/99==5:16pm==

Paula, we have a note on a RAF form that says forwarded to CMU/Isler for

advise on handling.

Do you remember this? If you need another copy Amanda has it at the counter.

I will be away from here on tomorrow and Friday.

Fwd=by:=Paula=Isler===4/05/99==4:25pm== Fwd to: Linda Williams

Linda, sorry I didn't get back to you on this. Please open a docket to cancel the certificate effective 12/31/98. Thanks.

T90435-A to avoid penalty and interest charges, the regimatory assessment fee return must be filed on or more 02/01/1999 Alternative Ac. as Vendor Populatory. Alternative Ac. ss Vendor Regulatory Assessment Fee Return

| STATUS: | Florida Pub | lic Service Commiss | ion (1) | FOR PSC USE ONLY Check#_/0 ///53/ | |
|--|--|---|--|---|--|
| Actual Return Estimated Return | TA019 CVIT, Inc. 2251 Lucien Way, | . 41/2 AV | 2 44 9:35 | \$ 50,00 060300 00300 \$ P 060300 | |
| PERIOD COVERED: 01/01/1998 TO 12/31/1998 | Maitland, FL 32751-7022POSIT DATE D0 90 ** FEB 2 3 1993 | | | S | |
| | Aave Bob sgr) | Mailing Address (Address) | Has Changed | (City/State) (Zig | |
| LINE NO. | nua per | GROSS OP | ERATING REVENUE | INTRASTATE REVEN | |
| 1. Specii \angle | be cancel | \$ | | S S S S S S S S S S S S S S S S S S S | |
| 2. Priva | | | | 184, | |
| 3. Least | # DE CA | | | | |
| 4. Misc Pay | P60 F01 | | 1.00 | 7. W. W. W. W. | |
| | 1998 BGK | 4 | and the second second | n na la | |
| 5. TO1 | 1 Factor | 6 | | \$ | |
| 6. Regi | W CA | June 1 | | <u>-</u> | |
| 7. Pena | CIGWIL | and ? | | | |
| 8. Interest for Late Payment | | | | | |
| 9. TOTAL AMOUNT DUE | | | | \$ 50.00 | |
| AS PROVII | DED IN SECTION 364.336, F | LORIDA STATUTES, THE | MINIMUM ANNUAL | FEE IS \$50 | |
| Complete below if billing agent if other | | LING INFORMATION | | RICK MASOS RAR — | |
| (Name) | | (Address: City/St | ate/Zip) | (Telephone) | |
| What is the total amount of customer d | eposits collected? | ÷ | What is the total | d amount of bond held (if applicable | |
| Amount: \$ for | 19 | | Amount: \$ | Expires: | |
| Do you lease telecommunications' facility YES, who do you lease these facility Address: | ties? () YES () NO | NDOR INFORMATION | | | |
| I, the undersigned owner/officer of t is a true and correct statement. I am a to mislead a public servant in the perfo | ware that pursuant to Section 8 | 337.06, Florida Statutes, whoevall be guilty of a misdemeanor | at to the best of my kneer knowingly makes a of the second degree. | | |
| (Signature of Ven | dor Official) | Vice | tresident (Title) | 2/4/99 (Date) | |
| Robert P. Ber | tram | Telephone Number | (407) 660- | 55-ax Number (407) 660-5 | |
| (Please Print N | ame) | F.E.I. No. | 3-37964 | 33 DOCKET | |
| PSC/CMU-1 (Rev.4/98) | | | | 04/05/99 | |