** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF TELECOMMUNICATIONS BUREAU OF CERTIFICATION AND SERVICE EVALUATION

Application Form for Authority to Provide Interexchange Telecommunications Service Between Points Within the State of Florida

001781-77

ORIGINAL

Instructions

- This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- <u>Print or Type</u> all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of <u>\$250.00</u> to:

Florida Public Service CommissionDEPOSITDATEDivision of Records and ReportingD 3 96 •DEC 12 20002540 Shumard Oak Blvd.Tallahassee, Florida 32399-0850EC 12 2000(850) 413-6770Control of the second sec

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

If you have questions about completing the form, contact:

Florida Public Service Commission Division of Telecommunications Bureau of Certification and Service Evaluation 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 1 of 16

DOCUMENT NUMBER-DATE

15866 DEC118

FPSC-RECI

- 1. This is an application for $\sqrt{}$ (check one):
 - (X) Original certificate (new company).
 - () Approval of assignment/transfer of existing certificate: <u>Example</u>, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.
 - () Approval of transfer of control: <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
- 2. Name of company: DEBIT ONE COMMUNICATIONS, INC.
- 3. Name under which applicant will do business (fictitious name, etc.): DEBIT ONE COMMUNICATIONS, INC.
- Official mailing address (including street name & number, post office box, city, state, zip code):

1428 BRICKELL AVE., SUITE 100 MIAMI, FLORIDA 33131

5. Florida address (including street name & number, post office box, city, state, zip code):

SAME AS ABOVE

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- 6. Select type of business your company will be conducting $\sqrt{(\text{check all that apply})}$:
 - () Facilities-based carrier company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
 - () **Operator Service Provider** company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
 - (xx) **Reseller** company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
 - () Switchless Rebiller company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
 - () Multi-Location Discount Aggregator company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
 - (X2) **Prepaid Debit Card Provider** any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.
- 7. Structure of organization;

(•) Individual	(XX) Corporation
() Foreign Corporation	() Foreign Partnership
() General Partnership	() Limited Partnership
() Other	

8. <u>If individual</u>, provide:

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	Name:
	Title:
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
9.	If incorporated in Florida, provide proof of authority to operate in Florida:
	(a) The Florida Secretary of State Corporate Registration number:
10.	If foreign corporation, provide proof of authority to operate in Florida:
	(a) The Florida Secretary of State Corporate Registration number:
11.	If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:
	(a) The Florida Secretary of State fictitious name registration number:
12.	If a limited liability partnership, provide proof of registration to operate in Florida:
	(a) The Florida Secretary of State registration number:
13.	if a partnership, provide name, title and address of all partners and a copy of the partnership agreement.
	Name:
	Title:
	Address:
Requi	A PSC/CMU 31 (12/96) red by Commission Rule Nos. 25.24-470, .471, and 25-24.473, 25-24.480(2). Page 4 of 16

Ç.,

Telephone No.: Fax No.:	<u> </u>
Internet E-Mail Address:	
Internet Website Address:	
If a foreign limited partnership, provide proof of compliance with the for limited partnership statute (Chapter 620.169, FS), if applicable.	reign
(a) The Florida registration number:	
Provide F.E.I. Number (if applicable): 65-0940037	
Provide the following (if applicable):	•
(a) Will the name of your company appear on the bill for your service (xx) Yes () No	s?
(b) If not, who will bill for your services?	
Name:	
Title:	
Address:	
City/State/Zip:	
Telephone No.: Fax No.:	
(c) How is this information provided?	
Who will receive the bills for your service?	
 () Residential Customers () PATs providers () PATs station end-users 	

() Universities dormitory residents () Other: (specify)_____

(a)	The application:
Name:	DAVID L. HATTON
Title:	OUTSIDE COUNSEL
	2250 SW 3rd AVE., 5th FLOOR
City/St	ate/Zip:MIAMI, FLORIDA 33129
Teleph	one No.: 305-858-0220 Fax No.: 305-854-681
	t E-Mail Address: dhatton@netrox.net
Interne	et Website Address:
	Official point of contact for the ongoing operations of the company:
• •	Cheryl Giles
Title:	Controller
	1428 BRICKELL AVE., SUITE 100
	MIAMI, FL 33131
City/St	
Teleph	one No.: Fax No.:
Teleph Interne	one No.: Fax No.: et E-Mail Address:GilesC@Inatel.com
Teleph Interne Interne	one No.: <u>305-377-3534</u> Fax No.: et E-Mail Address: GilesC@Inatel.com
Teleph Interne Interne (c)	one No.: 305-377-3534 Fax No.:
Teleph Interne Interne	one No.: 305-377-3534 et E-Mail Address: GilesC@Inatel.com et Website Address:

City/	State/Zip:
Telephone No.: Fax No.:	
Interi	net E-Mail Address:
Intern	net Website Address:
List th	ne states in which the applicant:
(a)	has operated as an interexchange telecommunications company.
	N/A
(b)	has applications pending to be certificated as an interexchange telecommunications company.
	N/A
· · ·	
(c)	is certificated to operate as an interexchange telecommunications company.
	N/A
	· · · ·
(d)	has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.
	N/A
(e)	has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

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19.

	N/A
	(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.
	N/A
20.	Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:
•	(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.
	N/A
	· · · · · · · · · · · · · · · · · · ·
	(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.
YES,	telephone company. If yes, give name of company and relationship. If no longer
	telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.
	telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not. BLUEWATER COMMUNICATIONS, INC. CURRENT CEO WAS CEO OF BLUEWATE UNICATIONS, INC. COMPANY WAS SOLD TO ANOTHER COMPANY.
	telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not. BLUEWATER COMMUNICATIONS, INC. CURRENT CEO WAS CEO OF BLUEWATE

Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 8 of 16

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	Method of access is FGA
	Method of access is FGB
	Method of access is FGD
	Method of access is 800
	Method of access is doo
b. <u>XX</u>	MTS with route specific rates per minute
	Method of access is FGA
	Method of access is FGB
	Method of access is FGD
	Method of access is 800
C	MTS with statewide flat rates per minute (i.e. not distance
	sensitive)
	Method of access is FGA
- <u> </u>	Method of access is FGB
·	_ Method of access is FGD
- <u></u>	_ Method of access is 800
d	MTS for pay telephone service providers
e	Block-of-time calling plan (Reach Out Florida, Ring America, etc.).
f	800 service (toll free)
g	WATS type service (bulk or volume discount)
	Method of access is via dedicated facilities Method of access is via switched facilities
h	Private line services (Channel Services) (For ex. 1.544 mbs., DS-3, etc.)
l. <u> </u>	Travel service
	_ Method of access is 950 _ Method of access is 800
j	900 service
k	Operator services

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 9 of 16 _____ Available to presubscribed customers

Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).

_____ Available to inmates

1. Services included are:

_____ Station assistance

_____ Person-to-person assistance

_____ Directory assistance

_____ Operator verify and interrupt

_____ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If <u>the applicant does not have audited financial</u> <u>statements</u>, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer <u>affirming that the financial</u> <u>statements are true and correct</u> and should include:

1. the balance sheet;

2. income statement; and

3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 10 of 16 Further, the following (which includes supporting documentation) should be provided:

1. <u>A written explanation</u> that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.

2. <u>A written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.

3. <u>A written explanation</u> that the applicant has sufficient financial capability to meet its lease or ownership obligations.

B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

C. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

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** APPLICANT ACKNOWLEDGMENT STATEMENT **

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>.15 of one percent</u> of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY Cha	OFFICIAL:	10-31-00
Signature		Date
CONTRO	LLER	305-377-3534
Title		Telephone No.
Address:	1428 BRICKELL AVE., SUITE 100	305.377.9136.
	MIAMI, FLORIDA 33131	Fax No.

ATTACHMENTS:

A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS C - CURRENT FLORIDA INTRASTATE NETWORK D - AFFIDAVIT

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** APPENDIX A **

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name)	
(Title)	of
(Name of Company)	
and current holder of Florida Public Ser	
#, have petitioner's request for a:	reviewed this application and join in the
() transfer	
() assignment	
of the above-mentioned certificate.	
UTILITY OFFICIAL:	
Signature	Date
Title	Telephone No.
Address:	Fax No.

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APPENDIX B **

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please $\sqrt{}$ check one):

- The applicant will not collect deposits nor will it collect (XX) payments for service more than one month in advance.
 - The applicant intends to collect deposits and/or advance) payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.

(The bond must accompany the application.)

UTILITY OFFICIA Signature Date 305-377-3534 CONTROLLER Title Telephone No. 1428 BRICKELL AVE., SUITE 100 Address: Fax No. MIAMI, FLORIDA 33131

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 14 of 16

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** APPENDIX C **

CURRENT FLORIDA INTRASTATE SERVICES

Applicant has () or has not (xx) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued? . UTILITY OFFICIAL: e las Signature Date m1.ndlltTitle Telephone No. Brickell Ave 8 Address: 2 7 01 G٢ Fax No. 100 33131. FT. M: Am:

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** APPENDIX D **

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:	
Cherry Cils	10-31-00
Signature	Date
Controller	305 377.3534
Title	Telephone No.
Address: 1428 Brickell Are STE 100	<u>305377.9136</u> Fax No.
M. Am. Fl 33/31	
· · · · · · · · · · · · · · · · · · ·	

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CHERYL DIANE GILES

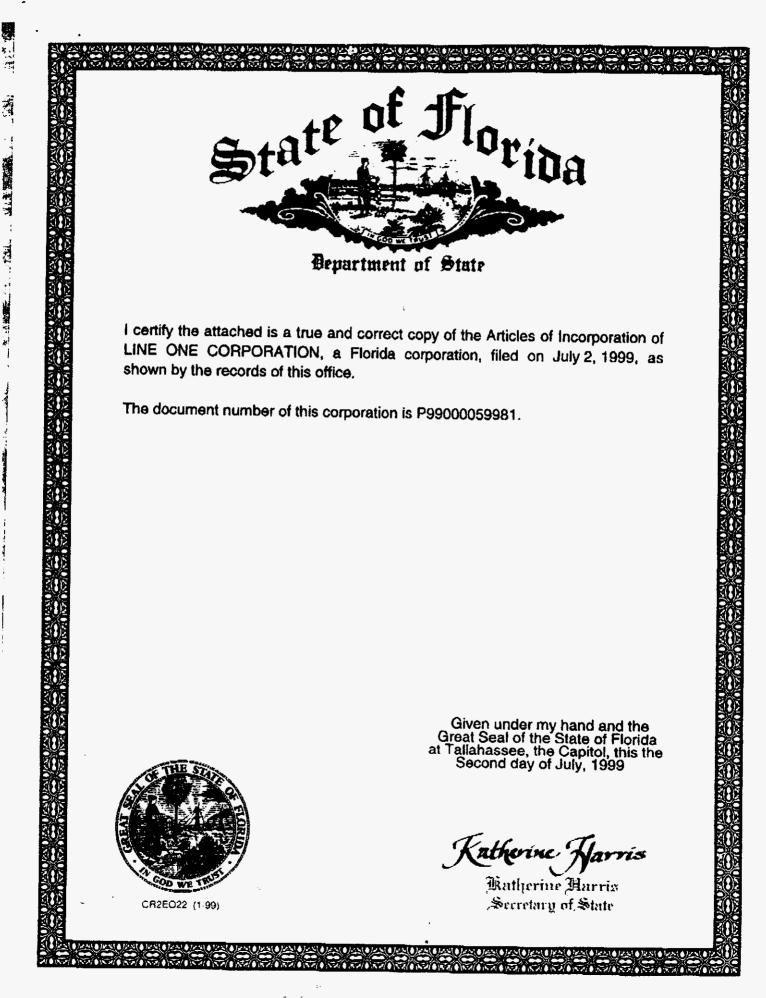
1695 N. Bluebird Lane Homestead, Florida 33035

(305) 247-6176

EXPERIENCE

Mar. 1997 - June 1999	Bluewater Communication/iTELSA, Miami, FL Full Charge Bookkeeper/Controller/Office Manager Supervised five employees. Accounts Payable/Receivable, Payroll/Payroll Taxes, Financial Statements; all accounting functions.					
June 1995 - Mar. 1997	Array Connector, Inc., Miami, FL Head Bookkeeper Accounts Payable, Payroll/Payroll Taxes. Generated Financial Statements and processed journal entries into computer. Bank reconciliations.					
Feb. 1995 - May 1995	Harbor Course Golf Club, Key Largo, FL Office Manager Accounts Payable/Receivable, Payroll, General Ledger, and reconciling bank statements on Quick Books software program.					
Mar. 1992 - Feb. 1995	Ocean Reef Club, Key Largo, FL Accounts Payable Manager In charge of all Accounts Payable functions including coding, posting, reconciling vendor accounts, disbursements of \$25 million revenue for club, hotel and resort. All bookkeeping duties; i.e., monthly tax returns (sales, fuel, beverage, telephone, waste and waste water), journal entries and bank reconciliations. Handled posting of invoices, checks, bank reconcili- ations, and Monthly Billing Report to Monroe County for Solid Waste and Utility Companies.					
Aug. 1990 - Sept. 1991	Nature's Way Nursery, Miami, FL Head Bookkeeper Maintained records of Accounts Payable/Receivable, sales tax and payroll deposits. Prepared payroll and monthly accounts receivable reports; handled all collections.					
July 1987 - Aug. 1990	Rossi International, Inc. , Miami, FL <i>Head Bookkeeper</i> All bookkeeping functions including preparation of year end papers and closing.					
Feb. 1973 - July 1980	Barnett Bank, Miami, FL Assistant Operations Officer					
<i>COMPUTER EXPERIENCE</i>	• Windows 98 • MAS 90	• Excel 97 • Macola	PeachtreeNCR	Lotus 1-2-3, 2.3Quick Books		

REFERENCES Available upon request



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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 2, 1999

CSC 1201 HAYS ST. TALLAHASSEE, FL 32301

The Articles of Incorporation for LINE ONE CORPORATION were filed on July 2, 1999 and assigned document number P99000059981. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Tracy Smith, Document Specialist New Filing Section

Letter Number: 099A00034930

Account number: 07210000032

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Account charged: 78.75

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

08/15/33 Id:11 CREENBERG TRAURIC

					- 	
Schedul	e K-1	Sharehol 's Share	of Income, Crec	lits, De	er' ^C tions, etc	OMB No. 1545-0130
(Form 112	Form 1120S) See separate instruct				\smile	1000
Department o	of the Treasury		endar year 1999 or tax	-		1999
Internal Reve	nue Service	beginning Jul 2	, 1999, and ending	Dec 31	, 1999	
	ler's identifying r				<u> </u>	-0940037
Shareholder's Name, Address, and ZIP Code Corpora					ss, and ZIP Code	•
- · · · ·	N W. DAVIS				MUNICATIONS,	
7380 S.W. 27th PLACE F/					ONE CORPORATI	
APT. 2					AVENUE, FIRS	T FLOOR
	<u>FL</u> 33314		MIAMI,			
A Shai	reholder's percen	tage of stock ownership for tax year	(see instructions for So	chedule K	-1)	·····▶ <u>1.00000</u> %
B Interr	nal Revenue Service C	enter where corporation filed its return	► <u>Atlant</u>	<u>a, GA</u>	39901-0013	
C Tax	shelter registration	on number (see instructions for Sch			••••••	
D Che	ck applicable box	es: (1) Final K-1 (2)	Amended K-1			
		(a) Pro rata share items			(b) Amount	(c) Form 1040 filers enter
			•			the amount in column (b) on:
	-	come (loss) from trade or business		1	-1,101.	See Shareholder's
		(loss) from rental real estate activit	1	2		Schedule K-1
		(loss) from other rental activities .		3		(Form 1120S).
	4 Portfolio inc	· · ·				
	a Interest		•••••	4a		Schedule B, Part I, line 1
	b Ordinary di	vidends		4b		Schedule B, Part II, line 5
	c Royalties .			4c		Schedule E, Part I, line 4
Income	d Net short-te	erm capital gain (loss)		4d		Schedule D, line 5, col (f)
(Loss)	e Net long-te	rm capital gain (loss):				
	(1) 28% ra	te gain (loss)		e(1)		Schedule D, line 12, col (g)
	(2) Total fo	r year		e(2)		Schedule D, line 12, col (f)
	f Other portfo	olio income (loss) <i>(attach schedule)</i>	••••••	4f		(Enter on applicable line of return.)
	5 Net Section	1231 gain (loss) (other than due to	casualty			See Shareholder's Instruc- tions for Schedule K-1
	5 Net Section 1231 gain (loss) (other than due to casualty or theft)			5		(Form 1120S).
	6 Other incor	ne (loss) (attach schedule)	<u>.</u>	6		(Enter on applicable line of return.)
	7 Charitable	contributions (attach schedule)	SEE.LINE23	7	1.	Schedule A, line 15 or 16
Deduc-	8 Section 179	expense deduction		8		See Shareholder's Instruc-
tions	9 Deductions	related to portfolio income (loss) (a	nttach schedule)	9		
	10 Other dedu	ctions (attach schedule)		10		(Form 1120S).
Invest-	11 a Interest exp	pense on investment debts		11a		Form 4952, line 1
ment	b(1) Investr	nent income included on lines 4a, 4	b, 4c, and 4f above	b(1)		See Shareholder's Instruc-
Interest	(2) Investri	nent expenses included on line 9 ab	ove	b(2)		(Form 1120S).
	12 a Credit for a	Icohol used as fuel		12a		Form 6478, line 10
	b Low-incom	e housing credit:				
	(1) From 9	ection 42(j)(5) partnerships for prop	erty placed in			
	service	before 1990		b(1)		
	(2) Other I	han on line 12b(1) for property place) ad in convico			
	before		b(2)			
	(2) From S	action 42/i)/E) and another for ever	antu alaaan in			Form 8586, line 5
		ection 42(j)(5) partnerships for prop after 1989		b(3)		
					<u> </u>	
Credits	(4) Other than on line 12b(3) for property placed in service after 1989			b(4)		
						·
		abilitation expenditures related to rental real ies 12c				
		d Credits (other than credits shown on lines 12b and 12c) related				·
		al estate activities		12d		See Shareholder's
	_	ated to other rental activities		12u 12e	<u></u>	Instructions for Schedule K-1
		ts		120		(Form 1120S).
BAA For		iction Act Notice, see the instructio		13		<u></u>
	- sperior reut	ienen met neuee, see me matucitu	13 101 1 0111 1 1203.		Sch	edule K-1 (Form 1120S) 1999

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Schedule K-1 (Form	1120S) (1999)	STEP	'W.	DAVIS

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Schedule	K-1 (Form 1120S) (1999) STEP W. DAVIS			Page 2
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjust- ments	14a Depreciation adjustment on property placed in service after 1986 b Adjusted gain or loss	14a 14b	9.	See Shareholder's
and Tax Prefer- ence Items	 c Depletion (other than oil and gas) d (1) Gross income from oil, gas, or geothermal properties (2) Deductions allocable to oil, gas, or geothermal properties e Other adjustments and tax preference items (<i>attach schedule</i>) 	14c d(1) d(2) 14e		Schedule K-1 (Form 1120S) and Instructions for Form 6251
Foreign Taxes	 15 a Type of income ► b Name of foreign country or U.S. possession ► c Total gross income from sources outside the United States (attach schedule) d Total applicable deductions and losses (attach schedule) e Total foreign taxes (check one): ► Paid Accrued f Reduction in taxes available for credit (attach schedule) g Other foreign tax information (attach schedule) 	15c 15d 15e 15f 15g		Form 1116, Check boxes Form 1116, Part I Form 1116, Part II Form 1116, Part III See Instructions for Form 1116
Other	 16 Section 59(e)(2) expenditures: a Type ► b Amount 17 Tax-exempt interest income 18 Other tax-exempt income 19 Nondeductible expenses 20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV 	16b 17 18 19 20	134.	See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S). Form 1040, line 8b See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	 21 Amount of loan repayments for 'Loans from Shareholders' 22 Recapture of low-income housing credit: a From Section 42(j)(5) partnerships b Other than on line 22a 			 Form 8611, line 8
Supple- mental Infor- mation	23 Supplemental information required to be reported separately to each s is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) TOTAL	hareholde	r (attach additional so	chedules if more space 1. 1.

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Schedul	e K-1	Sharehole 's Share of Inc.	ome, Cred	lits, D	ec' tions, etc	OMB No. 1545-0130	
(Form 112	0S)	► See separ	rate instruction	s.	\mathbf{U}	1000	
Department o	f the Treasury	For calendar ye				1999	
Internal Reve	nue Service	beginning Jul 2 , 1999,				0040027	
	ler's identifying n Name, Address, and J			poration's identifying number ► 65-0940037			
	CKSTEIN		ŗ		MMUNICATIONS,	INC	
	OLLINS AVE	#1410			ONE CORPORATI		
	DE, FL 3315		1428 BR	ICKEL	L AVENUE, FIRS	T FLOOR	
			MIAMI, I			·	
A Shai	reholder's percent	tage of stock ownership for tax year (see ins	tructions for Sc	hedule ł	<·1)	▶15.00000 %	
B Interr	al Revenue Service C	enter where corporation filed its return	.► <u>Atlanta</u>	<u>, GA</u>	_ 39901-0013		
		on number (see instructions for Schedule K-1			••••••		
D Cher	ск аррисаріе рох	es: (1) Final K-1 (2) An (a) Pro rata share items	nended K-1		(b) Amount	(c) Form 1040 filers enter	
		(a) FIO Tala Share items				the amount in column (b) on:	
	1 Ordinary in	come (loss) from trade or business activities		1	-16,511.	See Shareholder's	
	2 Net income	(loss) from rental real estate activities		2		LInstructions for Schedule K-1	
		(loss) from other rental activities		3		LI (Form 1120S).	
1	4 Portfolio inc	· · /	·	.			
		uidende	F	4a 4b		Schedule B, Part I, line 1	
		vidends	r	40 4c		Schedule B, Part II, line 5 Schedule E, Part I, line 4	
Income	c Royalties d Net short-term capital gain (loss)					Schedule D, line 5, col (f)	
(Loss)	e Net long-term capital gain (loss):			4d			
	(1) 28% rate gain (loss)					Schedule D, line 12, col (g)	
	(2) Total for year					Schedule D, line 12, col (f)	
	f Other portfolio income (loss) (attach schedule)			4f		(Enter on applicable line of return.)	
	5 Net Section 1231 gain (loss) (other than due to casualty or theft)					See Shareholder's Instruc- tions for Schedule K-1	
				5		(Form 1120S).	
		ne (loss) (attach schedule)		6 7	8.	(Enter on applicable line of return.)	
Deduc-		contributions (attach schedule) SE 9 expense deduction		8	0.	Schedule A, line 15 or 16	
tions		related to portfolio income (loss) (attach sci	t i i i i i i i i i i i i i i i i i i i	9		See Shareholder's Instruc- tions for Schedule K-1	
		ctions (attach schedule)	- F	10	·····	(Form 1120S).	
Invest-		pense on investment debts		11a		Form 4952, line 1	
ment	b(1) Investr	ment income included on lines 4a, 4b, 4c, ar	d 4f above	b(1)		See Shareholder's Instruc-	
Interest		nent expenses included on line 9 above		b(2)		(Form 1120S).	
		Icohol used as fuel		12a		Form 6478, line 10	
	b Low-incom	e housing credit:					
	(1) From S	ection 42(j)(5) partnerships for property plac	ed in	L (1)			
		before 1990	• • • • • • • • • • • • • • • • •	b(1)		-	
		han on line 12b(1) for property placed in ser	vice	b(2)			
						Form 8586, line 5	
	service	ection 42(j)(5) partnerships for property place after 1989	cea in	b(3)			
	(4) Other t	han on line 12b(3) for property placed in ser	vice				
Credits		989		b(4)			
	c Qualified re	ehabilitation expenditures related to rental re	al				
	estate activ	vities	• • • • • • • • • • • • • • •	12c			
		her than credits shown on lines 12b and 12c)				See Shareholder's	
	1	al estate activitiesated to other rental activities	r	12d 12e		Instructions for Schedule K-1	
		its		12e 13		(Form 1120S).	
		us		1.5		<u> </u>	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 1120S.

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Schedule K-1 (Form 1120S) 1999

Schedule	K-1 (Form 1120S) (1999) TODD (STEIN			Page 2
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
	14a Depreciation adjustment on property placed in service after 1986	14a	132.	
Adjust- ments	b Adjusted gain or loss	14b		See Shareholder's
and Tax	c Depletion (other than oil and gas)	14 c		Schedule K-1
Prefer- ence	d (1) Gross income from oil, gas, or geothermal properties	d(1)		(Form 1120S) and Instructions for
Items	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)		Form 6251
	e Other adjustments and tax preference items (attach schedule)	14e		
	15a Type of income ►			Form 1116, Check boxes
	b Name of foreign country or U.S. possession >			
Foreign	c Total gross income from sources outside the United States (attach schedule)	15c		-Form 1116, Part I
Taxes	d Total applicable deductions and losses (attach schedule)	15d		
	e Total foreign taxes (check one): ►	15e		Form 1116, Part II
	f Reduction in taxes available for credit (attach schedule)	15 f		Form 1116, Part III
	g Other foreign tax information (attach schedule)	15g		See Instructions for Form 1116
	16 Section 59(e)(2) expenditures: a Type ►			See Shareholder's Instruc- tions for Schedule K-1
	b Amount	16b		(Form 1120S).

17

18

19

20

21

22 a

22 b

Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space

. :

TOTAL

LINE 7 - CHARITABLE CONTRIBUTIONS:

22 Recapture of low-income housing credit:

17 Tax-exempt interest income

Nondeductible expenses

a From Section 42(j)(5) partnerships

Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV

21 Amount of loan repayments for 'Loans from Shareholders'.....

b Other than on line 22a

VARIOUS CHARITABLE ORGANIZATION (50% AGI)

18 Other tax-exempt income

Supplemental Information

3

Other

19

20

23

is needed):

Form 1040, line 8b

See Shareholder's

Instructions for

Schedule K-1

(Form 1120S).

Form 8611, line 8

8.

8.

2,007.

						* .		
Schedul	e K-1	Sharehol's Share o	of Incol	me, Cred	lits, De	ec' tions, etc	:	OMB No. 1545-0130
(Form 112	0S)		-	e instruction		\smile	Γ	1000
Department o	f the Treasury nue Service		-	1999 or tax				1999
*****		beginning Jul 2	, 1999, ai					040027
	ler's identifying n Name, Address, and 2					fying number > 65 ss, and ZiP Code	<u> - 0</u>	
WILLIA	M ROSARIO			DEBIT O	NE COM	MUNICATIONS,	ΙN	С.
69 N.W	. 35 STREET	Г		1		ONE CORPORATI		
MIAMI,	FL 33127			1		AVENUE, FIRS	т	FLOOR
				MIAMI,				N 1 00000 W
B intern	renolder's percent	tage of stock ownership for tax year enter where corporation filed its return	(see instru	Atlants	nedule K	·I)		
C Tax	shelter registratio	on number (see instructions for Sche	dule K-1)	<u>ALLanita</u>	2, 01	33301-0013		
		es: (1) Final K-1 (2)						
		(a) Pro rata share items				(b) Amount	Τ	(c) Form 1040 filers enter
	1 Ordinary in	come (loss) from trade or business :	activities		1	-1,101.	-	the amount in column (b) on: See Shareholder's
	•	(loss) from rental real estate activit		۲	2			Instructions for
	3 Net income	(loss) from other rental activities			3		-Ш	Schedule K-1 (Form 1120S).
	4 Portfolio inc	come (loss):						
	a Interest				4 a			Schedule B, Part I, line 1
		vidends		F	4b		-	Schedule B, Part II, line 5
Income	c Royalties				4c		-	Schedule E, Part I, line 4
(Loss)	d Net short-term capital gain (loss)e Net long-term capital gain (loss):			4d	······	-	Schedule D, line 5, col (f)	
	(1) 28% rate gain (loss)				e(1)			Schedule D, line 12, col (g)
	(2) Total for year						-1	Schedule D, line 12, col (f)
	f Other portfolio income (loss) (attach schedule)			4f		(E	nter on applicable line of return.)	
	5 Net Section 1231 gain (loss) (other than due to casualty						See Shareholder's Instruc- tions for Schedule K-1	
		or theft)			5		-	(Form 1120S).
		ne (loss) (attach schedule) contributions (attach schedule)			6 7	1.		nter on applicable line of return.) Schedule A, line 15 or 16
Deduc-		expense deduction		7	8		<u>-</u>	See Shareholder's Instruc-
tions	1	related to portfolio income (loss) (a		ł	9		-	tions for Schedule K-1
	10 Other dedu	ctions (attach schedule)			10			(Form 1120S).
Invest-	11 a Interest exp	pense on investment debts	• • • • • • • • • •		11a			Form 4952, line 1
ment Interest		nent income included on lines 4a, 4		t	b(1)		-	See Shareholder's Instruc- — tions for Schedule K-1
merest	(2) Investment expenses included on line 9 above				b(2)		<u> </u>	(Form 1120S).
		Icohol used as fuel	• • • • • • • • • • • •	• • • • • • • • • • • • •	12a		-	Form 6478, line 10
	(1) From S	ection 42(j)(5) partnerships for prop	erty placed	fin I				
	service	before 1990			b(1)		-	
	before	han on line 12b(1) for property place			b(2)			Form 8586, line 5
	(3) From S service	ection 42(j)(5) partnerships for prop after 1989	erty placed	1 in	b(3)			
Credits		han on line 12b(3) for property place			b(4)			
		ehabilitation expenditures related to vities			12c			
		her than credits shown on lines 12b al estate activities			12d			See Shareholder's
	1	ated to other rental activities			12e			Schedule K-1 (Form 1120S).
	13 Other cred	its	• • • • • • • • • • • •		13			

BAA For Paperwork Reduction Act Notice, see the instructions for Form 1120S.

Schedule K-1 (Form 1120S) 1999

Schodula K-1 (Form 1120S) (1990) MITEL RUSARIO

Schedule	K-1 (Form 1120S) (1999) WILL: ROSARIO			Page 2
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjust- ments and Tax Prefer- ence Items	 14a Depreciation adjustment on property placed in service after 1986 b Adjusted gain or loss	14b 14c	9.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251 Form 1116, Check boxes
Foreign Taxes	 b Name of foreign country or U.S. possession ► c Total gross income from sources outside the United States (attach schedule) d Total applicable deductions and losses (attach schedule) e Total foreign taxes (check one): ► Paid Accrued f Reduction in taxes available for credit (attach schedule) g Other foreign tax information (attach schedule) 	15d 15e 15f		Form 1116, Part I Form 1116, Part II Form 1116, Part II See Instructions for Form 1116
Other	 16 Section 59(e)(2) expenditures: a Type ► b Amount 17 Tax-exempt interest income 18 Other tax-exempt income 19 Nondeductible expenses 20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV 21 Amount of loan repayments for 'Loans from Shareholders' 22 Recapture of low-income housing credit: a From Section 42(j)(5) partnerships 	17 18 19 20 21 22a	134.	See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S). Form 1040, line 8b See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	 b Other than on line 22a 23 Supplemental information required to be reported separately to each s is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) TOTAL 		(attach additional sci	

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Supple-mental Infor-mation

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1.

Election to Amortize Start-up Expenditures Under Code Section 195

DEBIT ONE COMMUNICATIONS, INC. EIN: 65-0940037 Form 1120S December 31, 1999

Taxpayer hereby elects under Code Section 195 to amortize over a period of 60 months any start-up expenditures which were incurred in the start-up of taxpayer's business which began July 2, 1999.

I

Election to Amortize Organization Costs Under Section 248

DEBIT ONE COMMUNICATIONS, INC. EIN: 65-0940037 Form 1120S December 31, 1999

Taxpayer hereby elects to treat amounts incurred to organize the corporation as deferred expenses pursuant to Internal Revenue Code Section 248(a). Such deferred expenses are taken as a deduction ratably over a period of 60 months beginning with the month the corporation began business on July 2, 1999.

ELECTION TO ADOPT RECURRING ITEM EXCEPTION

DEBIT ONE COMMUNICATIONS, INC. EIN: 65-0940037 Form 1120S December 31, 1999

Pursuant to Internal Revenue Code Section 461(h)(3) and Regulation Section 1.461-3T, the recurring item exception is hereby adopted with respect to all types of items incurred in the trade or business and for all trades or businesses included in this tax return.



871421999123100020050372365094003700009

940037	TAXPAYERS COPY	
	DEBIT ONE COMMUNICATIONS, INC. == 1428 BRICKELL AVENUE, FIRST FLOOR	
Address	1420 DRICKELE AVENUE, TIKST FLOOR	

FEIN 65-0940037

 City
 MIAMI
 State
 F L
 ZIP Code
 33131

 Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

State (percent			
1	Federal taxable income. Attach pages 1 - 4 of federal return	1	
2	State income taxes deducted in computing federal taxable income (attach schedule)	2	
3	Additions to federal taxable income (from Schedule I)	3	
4	Total of lines 1 through 3	4	
5	Subtractions from federal taxable income (from Schedule II)	5	
6	Adjusted federal income (line 4 minus line 5)	6	
7	Florida portion of adjusted federal income (see instructions)	7	
8	Non-business income allocated to Florida (see instructions)		
9	Florida exemption		0.
10	Florida net income (line 7 plus line 8 minus line 9)		0.
11	Tax due: 5.5% of line 10 or amount from line 11, Schedule VI, whichever is greater	11	0.
12	Credits against the tax from line 19, Schedule V	12	0.
13	Emergency excise tax due (from Schedule A, line 20)	13	0.
14	Total income/franchise and emergency excise tax due	14	0.
15a	Penalty: F-2220 b Other		
c	: Interest: F-2220 d Other Line 15 Total ►	15	
16	Total of lines 14 and 15	16	0.
17	Payment credits: Estimated tax payments 17a \$	17	
	Tentative tax payment 17b \$		
18	Total amount due or overpayment (line 16 minus line 17)	18	0.
	Check here if you transmitted funds electronically		
19	Credit: Enter amount of overpayment credited to next year's estimated tax	19	
20	Refund: Enter amount of overpayment to be refunded		

FLCA0512 12/14/99

1

Payment Coupon

F-1120P

R 01/00

 Do Not Detach
 Year ending
 12/31/99

 To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Address 1428 BRICKEL	MMUNICATIONS, INC. L AVENUE, FIRST FLOOR	Check here if you do	ansmitted funds electronically
Address City MIAMI	State FL ZIP Code 33131	next year ("see pag	e 2) ►
650940037	0	0	0
19990702	0	0	0
19991231	0	0	0
0000000	0	000	0
003	0	000	0
212	0	0	0
0	0	0	0
0	000	0	0

Six M	onth Extension of Time Request	Flo ncome/Franchise Eme	the lipract	nternal Revenue Servic (c) an atterney or CRA7 qualified to INTU lice before the IRS und. L 89-332.
1	Tentative amount of Florida tax for the taxable year	1 0.	Intan titlec	igible Tax Notice — See Florida Form F-1120 Instructions, section I 'Intangible Tax Filing Option.'
2	Less: Estimated tax payments for the taxable year	2	A	Has Form 7004 or 8736 been filed with the Internal Revenue Service
3	Balance due – 100% of the tax tentatively determined due must be paid with this extension request	з О.		for the taxable year?
Trans	sfer the amount in line 3 to Tenta	tive Tax Due below.	В	If applicable, state in detail the reason the extension is needed:

Information for Filing Form F-7004

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return.

Penalties for failure to pay tax – If a payment of tax is required with this application, failure to make such payment will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for failure to file when no tax is due.

Signature – Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before

в	If the answer is 'Yes,' attach a copy of Form 7004 or 8736 when the F-1120 or F-1065 is filed. If the answer is 'No,' complete item B. If applicable, state in detail the reason the extension is needed:				
с	Does this application also cover subsidiaries to be included in a Florida consolidated return?				

If the answer is 'Yes,' attach a statement with the name, address, and FEIN of each subsidiary to be included. - Flade Form 1170.S

D	Type of federal return filed:	FOLU	11.	20-3		
	Contact person for questions	EV.	AN	PHILLI	°S	
	Phone number			(305)	377-3534	

				Do N	ot Detach					
Florida 5050 W	necks payable and mail to: Department of Revenue Tennessee Street ssee, FL 32399-0135	Flori Emergeno	da Ten y Exci	tative l se Tax	ncome Return ime to	File Ret	ise and plication for urn			INTU
FEIN	65-0940037 DEBIT ONE COMMU 1428 BRICKELL A			۲ R	n	Inder penalties nake this applic werein are true a Sígn Here:	lian Du	I have been authorize my knowledge and be	<u> </u>	
	MIAMI		FL 33	131		Date: Check here i	326100 f you transmitted fu	_ 0 nds electronically	FLCZ0201 1:	2/14/99
6509	40037									
1999)1231									
003 0										
							000			

8714 2 19991231 0002005030 9 3650940037 0000 9

Form 7004 (Rev July 1998)	Application f to , ile Co	or Automatic Extern rporation Income	nsion of Time Fax Retu	OMB No. 1545-0233
Department of the Treasury Internal Revenue Service		• 	Employa	Identification Number
Name of Corporation DEBIT ONE COMMUN	CATIONS, INC.			ED FOR ~
Number, Street, and Room or Suite	Number (If a P.O. box or outside of the U	Inited States, see Instructions.)	······································	
1428 BRICKELL AV	ENUE, FIRST FLOOR			State ZIP Code
MIAMI				FL 33131
Check type of return to be	filed:			
Form 1120	Form 1120-FSC	Form 1120-ND Form 1120-PC	Form 1120-REIT	Form 1120-SF
Form 1120-F	Form 1120-L	Form 1120-POL	X Form 1120S	
Form 990-C Form 990-T	Note: Other 990 filers (i.e., Fo must use Form 2758 to reques	rm 990, 990-EZ, 990-BL, 990 st an extension of time to file	0-PF, and certain filers of For	m 990-T (see instructions))
Form 1120-F filers: Check	here if you do not have an offic	e or place of business in the	United States	►
until Sep 15 year 1999 or ► b If this tax year is for Initial return	· = = = =	e tax return of the corporation	n named above for X can be added above for	_ .
· · · · · · · · · · · · · · · · · · ·	nd address of each member of		Employer	number Tax period
	nd address of each member of	, ind annihold group		
		·		
<u></u>	· · · · · · · · · · · · · · · · · · ·		_	
		<u> </u>		
· · · · · · · · · · · · · · · · · · ·				
	<u></u>			
 		·		
		}	<u> </u>	
	nstructions)			
4 Credits: a Overpayment credit	ed from prior year 4a			
	or the tax year 4b			
c Less refund for the		Bai≻	4d	
		orm 2439)	4e	
for on Form 4466	n undistributed capital gains (F		4 f	1974년 전 1975년 1월 1976년 - 1976년 19 78년 1977년 1978년 1979년 19
for on Form 4466 e Credit for tax paid o	n undistributed capital gains (F x on fuels (Form 4136)	· · · · · · · · · · · · · · · · · · ·		
for on Form 4466 e Credit for tax paid of f Credit for federal ta				5
for on Form 4465 e Credit for tax paid of f Credit for federal ta 5 Total. Add lines 4d 6 Balance due, Subtr	x on fuels (Form 4136) through 4f act line 5 from line 3. Deposit t	his amount electronically or	with a Federal Tax	5
for on Form 4466 e Credit for tax paid of f Credit for federal ta 5 Total. Add lines 4d 6 Balance due. Subtr Deposit (FTD) Coup	x on fuels (Form 4136) through 4f act line 5 from line 3. Deposit t bon (see instructions)	his amount electronically or	with a Federal Tax above-named corporation to	6
for on Form 4466 e Credit for tax paid of f Credit for federal ta 5 Total. Add lines 4d 6 Balance due. Subtr Deposit (FTD) Coup	x on fuels (Form 4136) through 4f act line 5 from line 3. Deposit t	his amount electronically or	with a Federal Tax above-named corporation to	6

DEBIT ONE COMMUNICATIONS, INC.

FEIN 65-0940037

This return is deemed incomplete		1.2				
A return that is not signed, or improperly signed and verified, will be will not start until the return is properly signed and verified. This re				statute of lin	nitations p	eriod
Under penalties of perjury, I declare that I have examined this re and belief, it is true, correct, and complete. Declaration of prepar	eturn, includ irer (other th	ling accompanying schedules nan taxpayer) is based on all i	and statements, and to nformation of which pre	the best of my kn parer has any kn	owledge.	
Sign Here Signature of Officer (must be an original signature.)		Date	Title			
Paid Preparer's Vian Buoch COA		Date 3/31/00	Preparer check if self-employed	Preparer	's SSN or PT	IN
Preparer's Only Firm's name (or Evan J. Brody, P.A.		0(-1)	FEIN 65-0	538367	×.	
employed) and 4000 lowerside ler., S	Suite	1109				
Address Miami			ZIP Code 331		1.5	
All Taxpayers are Required to Answer Question						
A State of incorporation: FL		Corporation is a member	er of a controlled g	roup?	Yes	No X
B Florida Secretary of State Document No.: P99000059981	1	f yes, attach list.				
C Florida consolidated return?	F	Parent Corp: <u>N/A</u>		FEIN:		
D X Initial Return Final Return (final federal return filed)		Part of a federal consol		Yes	No X	
E Taxpayer election Section 220.03(5), F.S.	н-з т г	The federal common pa payroll in Florida?	arent has sales, pr	operty or	Yes	No X
X General Rule Election A Election B F North American Industry Classification System (NAICS) code (as pertains)	H-4 (Corporation is a qualifie for this tax year?	ed subchapter S su	ubsidiary	Yes	No X
to Florida)		f yes, attach a schedul		poration pare	ent and the	3
What business activity does your organization		effective date of the ele				
primarily conduct?		Location of corporate b				
G A Florida extension of time was timely filed? Yes No X	-	1428 BRICKELL	AVE	MIAMI	FL_	
A Florida extension of time was timely filed? Yes No X If yes, attach copy of Florida Form F-7004.	J	Taxpayer is a member oint venture?	of a Florida partne	ership or	Yes	NoX
	K(1)	Intangible tax notice:				
	(2)	Just value per share:	\$			
	L (Contact person and tele	ephone for question	ns concernin	g this retu	rn:
	_	ANDREW TAPLIN		(305)	377-35	534
	МТу	pe of federal return file	ed 🗍 1120, 🗌] 1120A,	X 1120S,	or

1 Have you signed your check and your return?

2 Have you attached your federal return and federal Form 4562 (Depreciation and Amortization Schedule)?

✓ 3 AMT filers – Have you attached your federal Form 4626 (Alternative Minimum Tax-Corporations)?

4 Have you attached a copy of your F-7004 (extension of time) if applicable?

5 Include your FEI Number on your check.

*Do you want a personalized package? (see coupon) Many taxpayers and preparers prefer to use Department approved software to generate returns. Use of computer generated forms is high, therefore, the Department is asking, *Do you want a forms package mailed to you?*

Note: Even if you check the box on the coupon that you **do not** want a package, you still may receive one last package in the year 2001 as we capture and phase in your request.

Make Checks Payable and Mail To:

Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0135

1

Name DEBIT ONE COMMUNICATIONS, INC.

FEIN 65-0940037

Taxable Year Ending 12/31/99

1.1120	Schedule A – Computation of Emergency Excise Tax	11.0Hr	
1	Total depreciation expense deducted on Federal 1120	1	
2	Florida portion of adjusted federal income from page 1, line 7 of F-1120 or line 7, Schedule VI (see instructions)	2	,
3	If line 2 shows a gain, enter 0. If line 2 shows a loss or zero, enter loss carryforward from line 3, Schedule II, or line 4, Schedule IV, of F-1120	3	
4	Subtract line 3 from line 2 and enter here. Note: If a loss carryforward shown on line 3 exceeds a loss on line 2, enter positive difference of the loss amounts shown	4	•
5	Enter all depreciation federally deducted pursuant to Section 168 of the Internal Revenue Code for assets placed in service 1/1/81 to 1/1/87	5	
6	Enter all straight-line depreciation federally deducted pursuant to Section 168(b)(3) of the Internal Revenue Code and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 1/1/87)	6	
7	Enter all depreciation deducted pursuant to Internal Revenue Code Section 168 that is directly related to any amount shown as non-business income	7	
8	Subtract the sum of lines 6 and 7 from the amount on line 5 and enter result here	8	
9	Enter 40% of line 8	9	
10	Enter Florida apportionment factor shown in Schedule IIIA or IIID of F-1120. Taxpayers that are 100% in Florida enter 1.0	10	1.000000
11	Multiply line 9 by line 10 and enter here		
12	Enter the product of depreciation federally deducted pursuant to Internal Revenue Code Section 168 (except pursuant to Section 168(b)(3)) used in computing non-business income allocated to Florida times .4	12	
13	Enter the sum of lines 11 and 12	13	
14	Enter loss shown on line 4. Note: If line 4 does not show a loss, enter 0	14	
15	Enter the portion of the exemption provided in Section 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15	5,000.
16	Reduce line 13 by the sum of the amounts on lines 14 and 15, if any, and enter here	16	-5,000.
17	Multiply line 16 by 2.5 (not 2.5%) and enter here. Note: If line 16 shows a loss, enter 0	17	0.
18	Total tax due (2.2% of line 17)	18	0.
19	a Emergency excise bEmergency excise tax credit (attach schedule) Total	19	
20	Balance of tax due (enter on line 13, page 1)	20	0.

Scl	nedule I — Additions and/or Adjustments to Federal Taxable Income		Column (a) For Page 1	Column (b) For Schedule VI, AMT
1	Interest excluded from federal taxable income (see instructions)	1		
2	Undistributed net long-term capital gains (see instructions)	2		
3	Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3		
4	Wages and salaries allowable as Enterprise Zone Jobs Credit (Form F-1157Z)	4		
5	Ad valorem taxes allowable as Enterprise Zone Property Tax Credit (Form F-1158Z and/or Form F-1158)	5		
6	Guaranty Association Assessment(s) Credit	6		
7	Rural and/or Urban High Crime Area Job Tax Credits	7		
8	State Housing Tax Credit	8		
9	Other additions (attach statement)	9		
10	Total lines 1 through 9 in columns a and b. Enter totals for each column on line 10. Column a total is entered on page 1, line 3 (of the F-1120 return). Column b total is also entered on Schedule VI, line 3	10		



Name DEBIT_ONE COMMUNICATIONS, INC. FEIN 65-0940037 Taxable Year Ending 12/31/99

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Schedule II – Subtractions from Federal Taxable Income						Column (a) For Page 1	Column (b) For Schedule VI, AMT	
1 a Enter Sec	ction 78 IRC income	\$		b plus Section 862 I	RC dividends			
\$		cless direct & ir	direct expenses	\$	Total 🏲	1		
2 a Enter S	Section 951 IRC s	subpart F incom	e \$					
b less dir	ect and indirect	expenses \$			Total Þ	2		
Note: 7	Faxpayers doing	business both w	ithin and witho	out Florida enter :	zero on lines 3, 4 a	nd 5	and complete line 4 of	Schedule IV.
3 Florida	net operating los	ss carryover der	luction (see in	structions)		3		
4 Florida	net capital loss	carryover deduc	tion (see instru	uctions)		4		94. 19
5 Florida e	excess charitable or en	mployee benefit plar	contribution carry	vover (see instruction	s)	5		
6 Non-bu	isiness income (f	from line 3, Sch	edule R)			6		
7 Eligible	e net income of a	n international	panking facility	(see instructions	5)	7		
8 Other s	subtractions (atta	ich statement) .				8		
				lumn on line 9. Colun Iso entered on Sched	nn a total is also lule VI, line 5	9		

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Sch	eaule III -	-A	oportionment of Adjuste	arec	deral income	ALL AND HAR AND		QUE-2004的学生并不是我们们的主义。
For	m F-1120	III-A	For use by taxpayers doing business	s both w	vithin and without Florida	, except those providing	insurance or transportation	-
		N	ote: If any factor in column (b) is zero, see instructions.)	(a) Within Florida	(b) Total Everywhere	e Col (a) ÷ Col (b) Rounded to 6 Decimals	(d) Florida Factors Rounded to 6 Decimals
		1	Average value of property				x 2	5% =
1		2	Payroll				x 2	5% =
		3	Sales (Schedule III-C below)				x 50)% =
		4	Apportionment fraction (sum of lines	1, 2, an				
III-B	For use in	comp	uting average value of		Within Flor	ida	Total Eve	erywhere
	property. (I	Use o	riginal cost)	a Be	ginning of Year	b End of Year	a Beginning of Year	b End of Year
1			w material, work in process,					
2	Buildings a	nd ot	her depreciable assets					
3	Land owner	d						
4	Other tangible only) assets (a	and ir attach	ntangible (financial organizations schedule)					
5			ough 4)					
6	Average value (for Within Flo	of pro prida a	perty (add line 5, columns (a) and (b) nd Total Everywhere))	and divi	ide by 2			
7	Rented pro	perty	(8 times net annual rent)				·	
8	Total (lines 6	& 7). I	Enter on line 1, Schedule III-A, column	(a) & (t				
					Average F	lorida	Average	e Everywhere
III-C	Sales Fact	or					Total Within Florida (omit cents)	Total Everywhere (omit cents)
	1 Sales	s (gro	ss receipts)					
	2 Sales delivered or shipped to Florida purchasers							
	3 Other gross receipts (rents, royalties, interest, etc when applicable)							
	4 Tota	sale	s <u></u>		<u></u>			
III-D	III-D For use by taxpayers providing insurance or transportation services within and without Florida (see instructions).							
						(a) Within Florida	(b) Total Everywhere	(c) Florida Factor ((a) ÷ (b))
1	Insurance con	npanie	s (attach copy of Schedule T — Annual	Report)				
2	Transporta	tion s	ervices					

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Name DEBIT ONE COMMUNICATIONS, INC. FEIN 65-0940037 Taxable Year Ending 12/31/99 Schedule IV Computation of Elogida Portion of Adjusted Endersl Income Computation of Elogida Portion of Adjusted Endersl Income Computation of Elogida Portion of Adjusted Endersl Income

	(a) Adjusted Federal Income	(b) Adjusted AMT Income
1 Apportionable adjusted federal income from line 6, page 1 (or line 6, Schedule VI for AMT in column (b))	1	1
2 Florida apportionment fraction (line 4, Schedule III-A or column (c), Schedule III-D)	2	2 .
3 Tentative apportionment adjusted federal income (multiply line 1 by line 2)	3	3
4 Deduct net operating loss or other carryover apportioned to Florida (attach statement; see instructions)		4
5 Adjusted federal income apportioned to Florida (line 3 less line 4, see instructions)	5	5

Sch	edule V — Credits Against the Corporate Income/Franchise Tax	主义的问题的
1	Intangible Tax Credit (banks/savings associations only, see instructions)	1
2	Gasohol Development Tax Incentive Credit (from Form F-1156 attached)	2
3	Florida Health Maintenance Organization Credit	3
4	Capital Investment Credit (attach certification letter)	4
5	Enterprise Zone Jobs Credit (from Form F-1157Z attached)	5
6	Community Contribution Tax Credit (attach certification letter)	6
7	Enterprise Zone Property Tax Credit (from Form F-1158Z and/or Form F-1158 attached)	7
8	Rural Job Tax Credit (attach certification letter)	8
9	Urban High Crime Area Job Tax Credit (attach certification letter)	9
10	Emergency Excise Tax Credit (see instructions and attach schedule)	10
11	Hazardous Waste Facilities Credit	11
12	Credit for Florida Alternative Minimum Tax	12
13	Export Finance Corporation Investment Credit	
14	Contaminated Site Rehabilitation Tax Credit (attach tax credit certificate)	14
15	Child Care Tax Credits (attach certification letter)	15
16	State Housing Tax Credit (attach certification letter)	16
17	Credit carryover from recomputed prior tax liabilities	17
18	Other credits (attach schedule)	18
19	Total credits against the tax (sum of lines 1 through 18 not to exceed the amount on line 11, page 1 of F-1120). Enter total credits on line 12, page 1 of F-1120	190.

Sch	nedule VI — Computation of Florida Alternative Minimum Tax (AMT)	·清阳·杨秋宫-清阳的中心
1	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1
2	State income taxes deducted in computing federal taxable income (attach schedule)	2
3	Additions to federal taxable income (from Schedule I, column b)	3
4	Total of lines 1 through 3	
5	Subtractions from federal taxable income (from Schedule II, column b)	5
6	Adjusted federal alternative minimum taxable income (line 4 minus line 5)	6
7	Florida portion of adjusted federal income (see instructions)	7
8	Add non-business income allocated to Florida (see instructions)	8
9	Less Florida exemplion	9
10	Florida net income (line 7 plus line 8 minus line 9)	
11	Florida alternative minimum tax due (3.3% of line 10). See instructions for line 11, page 1	11 0.

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DEBIT ONE COMMUNICATIONS, INC.

65-0940037

Sche	dule R - Non-busine	ess Income		·	
Line 1.	Non-business Income (Loss) Allocated to Florida			
	Туре				Amount
				-	
		<u>.</u>		-	
	Total allocated to Florid	a. (Enter here and on line 8, page 1, F-1	120 or Schedule VI, line 8 for AMT.)	-	1 .
Line 2.		(Loss) Allocated Elsewhere			•
	Туре		/Country Allocated to		Amount
				-	
				-	
	<u> </u>				0
Line 2.		re			2
Line 3.					2
	Grand Total. Total of In	nes 1 and 2. (Enter here and on line 6, S		·····e	3
		Ectimated Ta	x Workshoot		
		Estimated Ta For Taxable Years Beginning			
1 F	Iorida income expected in	taxable year		1	\$
		members of a controlled group, see instr		2	\$
		ne (line 1 less line 2)		3	\$
		(5.5% of line 3)*			*
1	ess: credits against the ta	x	\$	- 4	\$
		se Tax			\$
		ency Excise Tax (line 4 plus line 5)			\$
11	f line 6 is more than \$2,50 s required.		*		
* 3	Taxpayers subject to fede	eral alternative minimum tax must computed of these two computations.	te Florida alternative minimum tax at		
7 (Computation of installment	S			
T	f declaration is due	1st day of 5th month – Enter 1/4	Enter amount of line 6 here		
	o be filed on:	1st day of 7th month – Enter 1/3	and on line 1 of Installment 1		
		1st day of 10th month – Enter 1/2	and subsequent installments	. 7	\$
		1st day after close of fiscal year			
ـــــــــــــــــــــــــــــــــــــ	Note: If your estimated tax	should change during the year, you may he declaration.	use the amended computation below to	deterr	mine the amended
1 /	Amended estimated tax. Er	nter here and on Item 1 of the appropriat	e installment	1	\$
2 L					*******
		om last year elected for credit to estimate			
b F	Payments made on estima	ted tax declaration		_	
					c \$
		; line 2c)		. 3	\$
		livided by number of remaining installme		4	\$

FEIN <u>65-0940037</u>	2000 Florida In Jle Personal Prop Filers as of Januery 1, 2000		n, Partnerst and Fiduciary ONE COMMUNICATIONS, BRICKELL AVENUE, FIF	NTU DR-501C R. 01/00
871400030100301	5036509400372	City/State/ZIP MIAMI	·····	FL 33131
Filing status CORP Address		rn Bank/trust	DOR Use Only	
Thing Status Corti Fluorese		· · · · · · · · · · · · · · · · · · ·		
650940037 0000000	5382700 0	20200 0	0 19800	
0	Ō	20200	0	
5	0	400		
00 0	8086000 13468700	0		
			19800	•
2 Loans and notes receiva	om Accounts Receivable Workshe able (from Schedule B, line 17) C, line 18)			53827.00 00 00
A Stocks mutuals money	market funds, limited partnershi	interests, and beneficial	interest	00
	rs (from Schedule E, line 20. Do i			80860.00
6 Total intangible assets ((total of lines 1 through 5)		 	134687.00
	ulation Worksheet, line 15A or 15			202.00
	t Worksheet, line 16)			00
	line 8 from line 7)			202.00
	y — 4%; March — 3%; April — 2%; May punt period is not extended when ending or an an a			4.00
	e instructions)			00 00
	paign Contribution (\$5.00 – see i			198.00
				198.00
13b Less amount paid with	extension			00
13 c Total due (line 13a less An Application for Refu	line 13b; U.S. funds only). The to nd is required for all overpayment	s		198.00
Under penalties of perjury, I declare th	at I have examined this return, accompanyin all information of which the preparer has an	ng schedules and statements, and	it is true, correct, and complete. If prepar 25(2): and 837.06, F.S.).	ed by a person other than the
ימאאמאביי, נווג עבטארמושוי וג שמצבע טוו		(3)	05) <u>377-3534</u>	Check here if you trans- mitted funds electronically

^				(303) 311 3334	
Agnature	of Officer		Date	Telephone Number	
(in Dia	(in Dird cont			65-0538367	FLCZ0112 12/24/99
Signature of Individual or F	rm Preparing the Return		Date	Preparer's SSN or FEIN or PTIN	INTU
Payment Coupon 2	2000 Florida Int	angible	Гах	Do Not Detach	DR-601C R. 01/00
Return and payment must b	e postmarked no later	than June 30	, 2000, to avoid	d penalty and interest.	R. 0100
FEIN 65-0940037	DEBIT ONE COM			Check here if you transmitted funds electronically	Make check payable and mail to:
	1428 BRICKELL	AVENUE,	FIRST FL	UUR Check here if you do not want the department to send you a form next year. (*see	Florida Department of Revenue 5050 W Tennessee Street Tallahassee Florida 32399-0140
	MIAMI	FL	33131	instructions)	
650940037	5382700		20200	0	
00000000	0		0	19800	
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5	0		400		
00	8086000		0		
0	13468700				

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DR-60	DIC DEBIT ONE	COMMUNICAT S,	INC.	٤	65_)4003	37	IN	TU Page 2
		Imp	portant Inform	nation Requi	red			
	Date of incorporation	e filing an intangible tax r 	02/99	ete the following:				
	50 E.	es changed, please enter w FEIN, and the new filin New Fi	g status:	Fiduciary Affiliated group of c (must submit list, so Partnership		Final	return mation return o I under	nly)
			X	Corporation		Trust	tee	
3	If your name/address Name of taxpayer(s) Attention or in care o New address City/State/ZIP		ect, please complet					
Contraction of the	Telephone number		Signature		the start warmen a local	the second	and the second second second	
Acc	ounts Receivable	e Worksheet		Total /	Accounts Receival	ble	Resu	t . Istern
14	Accounts receivable. Enter result on Sched	dule A, line 1		\$	161496.x.3	3333 =	\$	53827.
Тах	Calculation Wor	A DESTRUCTION OF THE PARTY OF			A Fiduciario Corporations, P ships, & Affiliated	es, 'artner-	B Charitable	
· · · ·	2012 D	ne 6				34687.		1.5
В		****		· · · <u>·</u> · · · · · · · · · · · · · · ·	x001 15A	5	x00 15B	15
15	Tax due (enter on Sc	hedule A, line 7)				202.	AND NOT	四 句、云句:2013年4月
Tax	Credit Workshee	et (see instructions)						
A B		another state (see instru nated Dry-Cleaning Sites (<u></u>		А	
		lus line B). Enter on Sche			<u></u>		6	
	—		Informat	ion Notices				
			he boxes below are	applicable, disrega	rd this section.)			
1		box below: (see Informat y this corporation is not re	3	,	couso its shares o	ro rogulark	v listed	
2	on a public exch	ange or traded over the c v this corporation's Florid	ounter. a stockholders were	notified of the just v	value per share on	or before		f
3	X We hereby certif	re not publicly traded or a y this corporation elects to	pay the intangible	tax as agent for its	Florida stockholde	rs and cer	tify all Florida	
	has included the	e notified of this election value of its shares held t	by Florida residents	on this tax return.	e is included with	this return.	. The corporatio	n
4 Note		y this corporation has no 3, and your company's st			markat maka sura	that the v	alue reported fr	or the
com	pany's shares is a rea	sonable market value. Bo	ook value alone is g	enerally Not a good	estimate for mark	et value.		
Stat		nor funds drawn on other t ce fee for returned check: 4(2) FS)		1994 - 1992 - M. (1993) N. MARK CONTRACT, 1994 (1	mount, whichever	is greater,	not to	
* I N S	Do you want a person Many taxpayers and p. software to generate re	alized package? (page 1) reparers prefer to use De eturns. Use of computer g partment is asking, Do ya	partment approved enerated forms is	package, you	f you check the bo u still may receive e and phase in you	one last pa	ackage in the y	

Form DR-601CS R 01/00

Include These Schedules with Your Tax Return

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FEIN

Name: DEBIT ONE COMMUNICAT	IONS, INC.	·			65-09400	37
Schedule B Loans and Notes	Receivable	x				Total Taxable Amoun January 1, 2000
Loans receivable						•
Notes receivable					-	
Other						
17 Total of Cohedula P (Entar on Col	hadula A lina 2)				17	×
17 Total of Schedule B (Enter on Sch	nedule A, line 2.)			<u> </u>		
Schedule C Bonds						
Name of Issuer, Series	Face Value	Interact	Maturity	Number	Der \$100.00	Total Taxable Amoun
(List Alphabetically — One Bond Per Line) (A)	Face Value Per Bond (B)	Interest Rate (C)	Maturity Date (D)	Number Owned (E)	Per \$100.00 Value (F)	January 1, 2000 (G)
			<u>.</u>			
				_		
				-		
	L	1			I	····
18 Total of Schedule C (Enter on Sc	hedule A, line 3.)					

Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).

Form DR-601CS R 01/00

DEBIT ONE COMMUNICATIONS, INC.

65-0940037

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Schedule D Star	tocks, Mutuals, Money ny Trust The law provides f	Market Funds, Limited	d Partnership Inter for omitted and/or un	rests, and Benefic dervalued stock.	
Name (List alpl	of Company Issuing Stocks habetically – do not abbreviat (A)	e) Class C = Common P = Preferred (B)	Number of Shares (C)	Just Value Per Share (D)	Total Just Value Janūary 1, 2000 (E)
		(8)			
					· · · · · · · · · · · · · · · · · · ·
		<u> </u>		_	
		5			
			ľ	·····	
19 Total of Sche	edule D (Enter on Schedule A	. line 4.)			
NAMES OF TAXABLE PARTY OF TAXABLE PARTY	Corporations Only – Pay				L
Class				Malua - CO	T
of Stock	Total Number of Shares Outstanding (1)	Number of Taxable Shares (All shares held by Florida residents) (2)	Just Value Per Share (3)	Value of Shares Outstanding (4)	Total Taxable Amoun January 1, 2000 (5)
Common	250.00	250.00	-489.6600	0.	0.
Preferred				0.	0.
Other				0.	0.
Loans and Advance	ces from Florida Stockholder	5	·· <u>··</u> ·····	<u></u> <u>.</u> <u>.</u>	80,860.
20 Total of Cal		1 C)			
20 Total of Sche	edule E (Enter on Schedule A	<u>iine 5.)</u>	<u></u>		80,860.

Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).

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	1120S (1999) DEBIT ONE COMMUNICA			65-094003	
Sch	edule L Balance Sheets per Books	Beginning	of tax year	End of t	ax year
	Assets	• (a)	(b)	(c)	(d)
1	Cash			行動自然。這些	14,845.
2a	Trade notes and accounts receivable			161,496.	《《清神理》:第三
b	Less allowance for bad debts				161,496.
3	Inventories		0.		103,912.
4	U.S. government obligations			法教育学家的论。	
5	Tax-exempt securities	和我是我是"你有什么			
6	Other current assets (attach schedule)	心察 检查面 《职			
7	Loans to shareholders			1999年1月1日日日	
8	Mortgage and real estate loans				
9	Other investments (attach schedule)	· 方向性感 · 和 · 言言 · 品。			
10 a	Buildings and other depreciable assets			43,851.	是 "是有的""是有了。"
ь	Less accumulated depreciation			2,724.	41,127.
11 a	Depletable assets				
ь	Less accumulated depletion				
12	Land (net of any amortization)			Repairing the second	
	Intangible assets (amortizable only)			100.	· 如何就是他们的问题。
	Less accumulated amortization		Carolyne		100.
	Other assets (attach schedule)			「「「「「「「」」」」	
15	Total assets	States - End and - State - States	0.	Hassien States	321,480.
	Liabilities and Shareholders' Equity	· 和你了前了。""我们是你没家族		国际的LALATER THE REAL PROPERTY OF	
16	Accounts payable		FIRST OPERATION AND ADDRESS OF THE OWNER.	学校 是 4 年 平	251,884.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach sch) Ln18. S.t				11,151.
19	Loans from shareholders				80,860.
					00,000.
20 21	Mortgages, notes, bonds payable in 1 year or more Other liabilities (attach schedule)Ln. 21S.t			·王慧王王子子子	100,000.
		A PERSONAL PROPERTY AND A REAL PROPERTY AND A PROPERTY			50.
22	Capital stock	THE PLAN AND A REPORT OF A DESCRIPTION OF A			250.
23	Additional paid-in capital	and the way is a third at the to and the			
24	Retained earnings				-122,715.
25	Adjustments to shareholders' equity (attach schedule)			and the second sec	
26	Less cost of treasury stock				321,480.
27	Total liabilities and shareholders' equity			A THORE AND A CONTRACT OF A	
SCI	nedule M-1 Reconciliation of Income complete this schedule if the tol	e (Loss) per Books	with income (Loss	are less than \$25,000)	re not required to
1	Net income (loss) per books		5 Income recorded on bool		
2	Income included on Sch K, lines 1 through	122,715.	on Schedule K, lines 1 th	rough 6 (itemize):	
Z	6, not recorded on books this year (itemize):				
3	Expenses recorded on books this year not included on	3		Schedule K, lines 1 through	
	Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		this year (itemize):	harged against book income	
ā	Depreciation \$		a Depreciation \$	790.	
ł	Depreciation \$13,382. Travel and entertainment . \$13,382.				790.
		13,382.	7 Add lines 5 and 6		790.
	Add lines 1 through 3		8 Income (loss) (Schedule		-110,123.
Scl	hedule M-2 Analysis of Accumulated	Adjustments Acc	ount, Other Adjust	ments Account, ar	nd
	Shareholders' Undistribu	ited Taxable Incon		d (see instructions)	
			(a) Accumulated	(b) Other	(c) Shareholders' undis- tributed taxable income
1012 -			adjustments account	adjustments account	previously taxed
1	Balance at beginning of tax year				In and the same of the same
2	Ordinary income from page 1, line 21				THE PROPERTY OF
3	Other additions			and the second	
4	Loss from page 1, line 21			·新加速者:影響者間	
5	Other reductions	and the set of the second second of the			
6	Combine lines 1 through 5		-123,505.		
7	Distributions other than dividend distributions				
8	Balance at end of tax year. Subtract line 7 from	<u>m line 6</u>	-123 <u>,</u> 505.		

TO THE SHAREHOLDERS:

This is to notify you that the corporation will elect to pay the intangible tax as agent on the value of your common stock as of January 1, 2000.

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You may inspect a copy of the Intangible Tax Return at the corporate offices during normal business hours.

ROPERTY ADDRESS: 1428 BRICKELL AVE OLIO : 40 053107 STORE #: EAL ESTATE FOLIO: 01-0209-090-1030 40 053107	E	Confidential §§19 As Required by §§193.052 & 1 County Property Appraiser By A State of Florida, County of Business Name (DBA - Doing Mailing Address MIAMI-DADE PROPER	193.062 F.S. Return to pril 1 to Avoid Penalties .MIAMI-DADE g Business As) and TY APPRAISER	
DEBIT ONE COMMUNICATIONS 1428 BRICKELL AVE STE 100 MIAMI FL 33131	·	65-0	710 1984 Employer Iden. No 9 4 0 0 3 7 al Security Number 	
name and address is incorrect make necessary corrections				
This return subject to audit with all records kept by you.	5. Date you began business	in this county: <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u><u></u><u></u><u></u></u>	al year: 1231	
ncomplete entries are subject to penalties. 1. Please give name and telephone number of Owner or Person in charge of this Business. Name _ Andrew Taplin Telephon(305)377-3 Corporate Name _ Debit <u>Lone Communications Tucc</u>	additions and deletions th 6. Describe Type or Nature 534 7. Trade Level (Check as m		Solts Manufacturing D	
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box		Agriculture _ Leasing/Rental _ Othe		
1428 Brickell Avenue, First Floor; momi, FL	8. Did you file a Tangible Pe	rsonal Property Return in this county last Year?	YesNoX	
3. Is your business or farm located within the incorporated limits of a City? Yesk_ No	If so, under what name a	nd where?		
What City?				
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No 🔀	9. Former owner of the Busi	iness: None		
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or	9a. If Business sold, to whom	NIA		
	512 II DUSINGS 5010, 10 WIMI			
	Data Calif			
Other Current Tax Return. NIA	Date Sold	NA		
PERSONAL PROPERTY SUMMARY	Date Sold		APPRAISER'S	
PERSONAL PROPERTY SUMMARY THIS IS A <u>SUMMARY SCHEDULE ONLY</u> . The Schedules on the <u>REVERSE SIDE</u>		ATE ORIGINAL	APPRAISER'S USE ONLY	
PERSONAL PROPERTY SUMMARY	TAXPAYER'S ESTIN	ATE ORIGINAL		
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SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL.

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			T ible Personal Prop	erty Tax Beturn
	1400 DETOKELL AVE	100	Confidential §§19	-
ROPERTY ADDRESS: OLIO : 40 053109	1428 BRICKELL AVE STORE #:	2000		
		NEW	As Required by §§193.052 & 1	
EAL ESTATE FOLIO:	01-0209-090-1030		County Property Appraiser By A	
		L_	State of Florida, County of	
			Business Name (DBA - Doing	g Business As) and
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name and address is incorrect make r	recessary correction EFIAIL TOXAble As	ssets reported	UNDER DEDIT ONE	
This return subject to audit with all reco	ords kept by you.	5. Date you began business	in this county: <u>12,199</u> Fisca	ai year: 같이 아이지 않는 것 않는 것 같이 아이지 않는 것 않는 것 같이 아이지 않는 것 않는 것 않는 것 않는 않는 것 않는
Incomplete entries are subject to pena	ties.		nded prior to December 31 of the past calendar	r year, this return reflects property
			rough December 31. Yes No H IA	
-	number of Owner or Person in charge of this Business.		of Your Business: Phone Carl Sel	<u>es</u>
Name Andrew Tapl		3224	··· ·	
Corporate Name	One Communications, Fric.	7. Trade Level (Check as ma	any as apply) Retail 🗅 Wholesale 🗙	Manufacturing 🗋
	rty for Which this Return is Filed (Street Address - Not P.O. Box		Agriculture Leasing/Rental Other	
	First Floor; migmi, FL	8. Did you file a Tangible Per	rsonal Property Return in this county last Year?	YesNo_X
	vithin the incorporated limits of a City? Yes X No	If so, under what name an	nd where?	
What City? Micum		.		
	Property Tax Return Under Any Other Name? Yes X No	9. Former owner of the Busin	1.4.8	
	Appeared on Your most recent Personal Property Tax Bill or	9a. If Business sold, to whom	? <u>- 14</u>	
	bit One Communications	_ Date Sold		·····
PERSON	AL PROPERTY SUMMARY	TAXPAYER'S ESTIN		APPRAISER'S
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DEBIT ONE COMMUNICATIONS, INC. TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 1999

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Form 112	OS (1999) DEBIT ONE COMM	TIONS, INC.	4	65-09400	37 Page 4
Sched	ule L Balance Sheets per Books		of tax year	End of t	ax year
	Assets	"(a)	(b)	(c)	(d)
1 Cas	h	1999年1月1日			14,845.
2 a Tra	de notes and accounts receivable			161,496.	· · · · · · · · · · · · · · · · · · ·
b Les	s allowance for bad debts				161,496.
3 Inve	entories		0.	Wat Burne Tor	103,912.
4 U.S	. government obligations	用相同的。		· 100 · 100	
5 Tax	-exempt securities	日本語語語を行う			,
6 Othe	r current assets (attach schedule)			新新新教室的10000000	
7 Loa	ns to shareholders			人名英格兰	
8 Mor	tgage and real estate loans	· 第二个目的事实和是			
	r investments (attach schedule)			"""	
10 a Bui	ldings and other depreciable assets			43,851.	
	s accumulated depreciation			2,724.	41,127.
11 a Dep	bletable assets				
b Les	s accumulated depletion				
12 Lar	nd (net of any amortization)			·····································	
	angible assets (amortizable only)			100.	
	s accumulated amortization		Contraction of the second statements		100.
	ner assets (attach schedule)	All the marked a low of the same the best hand a low		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	al assets		0.	物政, 只是这些主义。	321,480.
	iabilities and Shareholders' Equity	South and the second	State of the second second	AND SERVICE	
	counts payable	这些效率。 而且他的	CAR CONTRACTOR OF CONTRACTOR		251,884.
	tgages, notes, bonds payable in less than 1 year	一些山西北方的"白水"的"白水"的"白水"			
	er current liabilities <i>(attach sch)</i> Ln. 18. S.t	14 网络门口口口口 第二十五十一百万万百万万万万万			11,151.
	ans from shareholders				80,860.
	tgages, notes, bonds payable in 1 year or more			·····································	00,000.
	er liabilities (<i>attach schedule</i>)Ln. 21. S.t				100,000.
	pital stock				50.
				资料: 1000000000000000000000000000000000000	250.
	ditional paid-in capital	and the second			
	tained earnings	the second se		Same Astronom	-122,715.
	ustments to shareholders' equity (attach schedule)	the second			
	ss cost of treasury stock			· · · · · · · · · · · · · · · · · · ·	221 490
	al liabilities and shareholders' equity		<u> </u>	·周围	321,480.
Sched	ule M-1 Reconciliation of Income	e (Loss) per Books	with Income (Loss	5) per Return (You a	re not required to
1 Ma	complete this schedule if the to				
	t income (loss) per books	-122,715.	5 Income recorded on bool on Schedule K, lines 1 th	ks this year not included	
2 Inc 6.	ome included on Sch K, lines 1 through not recorded on books this year (itemize):				
- /			a tax-exemptimerest. p		
		-			
3 Exp	enses recorded on books this year not included on	1		Schedule K, lines 1 through	
Sch	edule K, lines 1 through 11a, 15e, and 16b (itemize):		11a, 15e, and 16b, not cl this year (itemize):	harged against book income	
a De	preciation\$		a Depreciation \$	790.	
b Tra	preciation \$				790.
		10 000	7 Add lines 5 and 6		790.
4 Ad	d lines 1 through 3	-109,333.	8 Income (loss) (Schedule	K, In 23). Ln 4 less In 7	-110,123.
Sched	ule M-2 Analysis of Accumulated	d Adjustments Acc	count, Other Adjust	ments Account, an	nd
	Shareholders' Undistribu	uted Taxable Incon	ne Previously Taxe	d (see instructions)	
			(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undis- tributed taxable income
1 0-	lance at beginning of tax year				previously taxed
				Martin Contraction Contraction	
	dinary income from page 1, line 21				
	her additions			Record and a second second	
	ss from page 1, line 21		and the second se		[[中心明]] [[]] [[]] [[]] [[]] [[]] [[]] [[]]
	her reductions				
	mbine lines 1 through 5				
7 Dis	stributions other than dividend distributions				

8 Balance at end of tax year. Subtract line 7 from line 6

-123,505.

Form 4562 Depreciation and Amortization OMB No. 1545-0172 (Including Information on Listed Property) 1999 See instructions.
Attach this form to your return. Department of the Treasury 67 (99)Internal Revenue Service Business or Activity to Which This Form Relates Identifying Number Name(s) Shown on Return DEBIT ONE COMMUNICATIONS, INC Form 1120S Line 21 65-0940037 Part Election to Expense Certain Tangible Property (Section 179) (Note: If you have any 'listed property,' complete Part V before you complete Part I.) \$19,000 1 Maximum dollar limitation. If an enterprise zone business, see instructions 1 2 Total cost of Section 179 property placed in service. See instructions 2 \$200,000 Threshold cost of Section 179 property before reduction in limitation 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 5 separately, see instructions . 6 (a) Description of property (b) Cost (business use only) (C) Elected cost

7	Listed property. Enter amount from line 27		
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12		19 1 CERTIFICATION OF

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 1999 Tax Year (Do Not Include Listed Property)

Section A - General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions►

or more general asset acco	unts, check this b	ox. See instructions				<u></u>			
	Section B -	- General Depreciation	System (GDS) (S	See instruction	ns)				
(a) (b) Month and (Classification of property year placed ((c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction			
15 a 3-year property									
b 5-year property	一,后的主义的"	13,337.	5.0 yrs	HY	200DB	1,334.			
c 7-year property		30,514.	7.0 yrs	HY	200DB	2,180.			
d 10-year property									
e 15-year property	A STREET AGE								
f 20-year property	三方音楽の高度								
g 25-year property	[1] [1] [1] [1] [1]		25 yrs		S/L				
h Residential rental			27.5 yrs	MM	S/L				
property			27.5 yrs	MM	S/L				
i Nonresidential real			39 yrs	MM	S/L				
property				MM	S/L				
	Section C -	Alternative Depreciation	on System (ADS)	(See instructi	ons)				
16 a Class life					S/L				
b 12-year			12 yrs		S/L				
c 40-year			40 yrs	MM	S/L				
Part III Other Deprecia		lude Listed Property)	(See instructions)						
17 GDS and ADS deductions f	or assets placed in	n service in tax years b	eginning before 1	999					
18 Property subject to Section	168(f)(1) election								
19 ACRS and other depreciation 19									
Part IV Summary (See	instructions)								
20 Listed property. Enter amo									
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions 21 3, 514.									

22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22
BAA	For Paperwork Reduction Act Notice, see instructions. FD	IZ081

Form 4562 ((1999)	DEBIT	ONE	COMML	CATIONS,	INC.

1

Page 2 Part V Listed Property – Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

- -. 4

65-0940037

Tope of popely (bit which is selected in source of popely (bit which is selected in the		Continu		intion and Oth	ar Inform	nation (C	aution	See inc	truct	ione	for lim	te for p	2660000	ar autom	obiler)	-	
(a) Tree of property lost (b) Date public procession percentage (c) other basis (c) other b	23.2	A REAL PROPERTY AND A REAL														Yes	No
24 Property used more than 50% in a qualified business use (see instructions): 25 Property used 50% or less in a qualified business use (see instructions): 26 Add amounts in column (h). Enter the total here and on line 20, page 1 27 Add amounts in column (i). Enter the total here and on line 20, page 1 26 Add amounts in column (i). Enter the total here and on line 7, page 1 27 Section B - Information on Use of Vehicles Complete this section for whiches used by a sole proprietor, particle, or ther impert that 5% owne? in related person. 17 yea provided whiches to pau employees, first answer the questions in Section 10 as eff yea meet an exception to completing this section for those vehicles. 28 Total business/investiment miles driven during the year. 29 Total other personal (noncommuting) miles driven during the year. 30 Total other personal (noncommuting) miles driven during the year. Add lines 28 through 30 31 Total other personal (noncommuting) miles driven during the year. Add lines 28 through 30 34 Is another vehicle available for personal use during the year. 35 No Yes No	(a) (b) (c) Type of property (list vehicles first) Date placed in service use			(d) Cost))	Basis fo	(e) r deprecia ss/investrr	ation	Re	(f) ecovery	(g) ry Method/		(h) d/ Depreciation		Ele Secti	(i) ected on 179 ost	
25 Property used 50% or less in a qualified business use (see instructions): 26 Add amounts in column (i). Enter the total here and on line 20, page 1	24	Property used mo	re than 50% i		usiness	use (see	instruct	ions):									
26 Add amounts in column (t). Enter the total here and on line 20, page 1 26 27 Add amounts in column (t). Enter the total here and on line 7, page 1 27 Section B – Information on Use of Vehicles Damplet this section for vehicles used by a sole proprietin, pather, or after time than 3% owner, or related person. 19 17 and provide vehicles in the time than 1% owner, or related person. (e) (e) 28 Total business/investment miles driven during the year. (e) (b) (c) (d) (e) 29 Total commuting miles – see instructions. (e) (b) (c) (d) (e) (e) 30 Total other personal (noncommuting) (file) (file) (file) (file) (file) (file) 31 Total miles driven during the year. Add (file) (file) (file) (file) (file) (file) 32 Was the vehicle available for personal use (file) (file)<				d quanted b	4311033	450 (500	Instruct	101137.									
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Section B – Information on Use of Vehicles Complete this section for vehicles used by a sole proprietion, partner, or other irrore than 3% owner, or related person. If you provided vehicles to you employees, first answer the questrons in Section C to see if you meet an exception to completing this section for those vehicles. 28 Total business/investment miles driven during the year. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) 29 Total other personal (noncommuting) (a) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 4 Vehicle 4 Vehicle 5 Vehicle 4 Vehicle 5 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 5 Vehicle 6 Vehicle 7 Vehicle															27	- Andrewski	are designed
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28 Ideal adsites intersonal (noncommuting) 29 Total other personal (noncommuting) 30 Total other personal (noncommuting) 31 Total other personal (noncommuting) 32 Was the vehicle available for personal use 33 Was the vehicle available for personal use 34 Is another vehicle available for personal use 35 Was the vehicle available for personal use 36 Total other personal (noncommuting) 37 Total other personal (noncommuting) 38 Was the vehicle available for personal use 39 Was the vehicle available for personal use 34 Is another vehicle available for personal use? 36 Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more if 5% owners or related persons. 36 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting. 36 Do you maintain a written policy statement that prohibits personal use? 37 Do you provide more than five vehicles used by employees as personal use? 38 Do you provide more than five vehicles used by cor					((a)						(0	5)		·		
29 Total commuting miles driven during the year	28					icle 1	Vehi	cle 2	V	ehic	le 3	Vehi	cle 4	Vehi	cle 5	Vehi	cle 6
30 Total other personal (noncommuling)	20	 Contraction of the second secon	3	,							_				-		
miles driven Yes No Yes No <td>29</td> <td>•</td> <td></td> <td>_</td> <td></td>	29	•														_	
Innes 28 through 30 Yes No Yes	30																
32 Was the vehicle available for personal use during off-duty hours?	31																
during off-duty hours?					Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
than 5% owner or related person? 34 Is another vehicle available for personal use? Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more the 5% owners or related persons. 35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 37 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions 36 Date amortization decosts 37 Date amortization begins 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions 39 Do you meet the requirements c	32																
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Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more the 5% owners or related persons. Yes 35 Do you maintain a written policy statement that prohibits all'personal use of vehicles, including commuting, by your employees? Yes 36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 9 37 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Image: See instructions 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles. Part MI Amortization (b) (c) (d) (e) (f) Amortization of costs that begins during your 1999 tax year: Image: Amortization percentage Image: Amortization percentage Image: Amortization percentage	34	Is another vehicle personal use?	e available for														
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by your employees?	25	Do you maintain :	a written polic	w statement th	at prohit	aite all'n	arconal i	ise of v	- obicle	ac in		a comm	utipa	_		Yes	No
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38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	36	Do you maintain a employees? See	a written polic instructions fo	cy statement th	at prohit d by cor	oits perso porate of	onal use ficers, d	of vehi	cles, , or 1	exce % or	pt com	muting, owners	by you	r 			
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Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount Section Amortization period or percentage Amortization for this year 40 Amortization of costs that begins during your 1999 tax year: Image: Complete Section Sec	38	Do you provide m vehicles, and reta	ore than five	vehicles to you ation received?	ir emplo												
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Description of costs Date amortization begins Amortizable amount Code Section Amortization period or percentage Amortization for this year 40 Amortization of costs that begins during your 1999 tax year: Image: Code amount Image: Code Section Image: Code percentage Image: Code percentage Image: Code percentage Image: Code Amortization percentage Image: Code Percentage Image: Co	Pa	rt VI Amorti	ization			_										_	
40 Amortization of costs that begins during your 1999 tax year:				Date a	mortization	Amortizable			Co		Code Amort ection perio		nortization A period or fi		(f) Amortization for this year		
	40	Amortization of c	osts that begi	ns during your	1999 ta	x year:		-	~	a de la compañía de la		CALLER .	的代谢			Water a	
All Americanian of easts that began before 1000										-	_						
A1 Amerimation of east- that become before 1000	-									_							
	41																
42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return	42	Total. Enter here	e and on 'Othe	er Deductions'	or Other				returr	1	<u></u>			42	Fo	orm 456	2 (1999)

Form 1120S, Page 1, Line 19 Other Deductions

SUPPLIES	5 <u>,528.</u>
DESIGN SERVICES	1,270.
AUTOMOBILE EXPENSE (BUSINESS)	13,773.
BANK CHARGES	3,583.
CELLULAR EXPENSE	5,767.
OUTSIDE COMMISSIONS	1,000.
COMPUTER EXPESE	2,885.
OUTSIDE SERVICES	7,898.
COURIER SERVICE	106.
TRANSACTION PROCESSING	2,402.
CUSTOMER SERVICE EXPENES	3,476.
DUES & SUBSCRIPTIONS	838.
MEALS AND ENTERTAINMENT (50%)	13,382.
FUEL EXPENSE	
INSURANCE	1,266.
INTERNET EXPENSE	643.
NETWORK ADMINISTRATION	2,347.
OFFICE EXPENSE	9,571.
PRINTING EXPENSE	7,634.
PAGER EXPENSE	93.
TELEPHONE EXPENSE	6,907.
POSTAGE	813.
ACCOUNTING FEES	2,350.
PROFESSIONAL FEES	16,339.
SHIPPING EXPENSES	4,710.
TRAVEL	6,966.
UNIFORM EXPENSE	575.
PARKING & TOLLS	
Total	123,396.

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Other Current Liabilities: 1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
PAYROLL TAXES		11,151.
Total		<u> </u>

Other Liabilities:

1120S, Schedule L, Line 21

Other Liabilities:	Beginning of tax year	End of tax year
POINTE BANK LINE OF CREDIT		100,000.
		100.000

100,000.

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DEBIT ONE COMMUNICATIONS, INC. 65-0940037

Form 1120S, Page 4, Schedule M-2, Line 5 Schedule M-2, Other Reductions

CHARITABLE CONTRIBUTIONS	50.	
TRAVEL AND ENTERTAINMENT	13,382.	

Total

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13,432.

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Supporting Statement of:

Form 1120S p1-2/Line 12

Description	Amount
MISCELLANEOUS LICENSES & TAXES PAYROLL TAXES	2,005. 8,674.
Total	10,679.

Supporting Statement of:

Form 1120S p3-4/Sch L, 19(d)

Description	Amount
SHAREHOLDER LOAN - JW	24,700.
SHAREHOLDER LOAN - AT	28,080.
SHAREHOLDER LOAN - EP	28,080.

Total

80,860.

Schedule K-1 (from 11205) Shareho, 'r's Share of Income, Credits, De_ttions, etc 's essparate instructions. For detractly ray in 1999 of tax year beginning 101 21999, and ending65-0940037. Shareholder's location of the standard states and 20 cos hareholder's location of the state state and 20 cos hareholder states and 20 cos hareholder's location of the state state and 20 cos hareholder states and 20 cos hareholder states and 20 cos hareholder states and 20 cos hareholder states and 10 cos hareholder instate a naterest hareholder berottism cos hareholder instate c Royatties and 10 cos ha							-	~ -	1				
Proceedings of tax year 1999 Shareholder's identifying number * Composition's identifying number * Composition's identifying number * Shareholder's identifying number * Composition's identifying number *	Schedu	le K-1	Shar	eho∵_r's∶			•		e_ctions, etc	≎	OMB No. 1545-0130		
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Subsection trainer, Addess, and 2P Code Composition Composition <thcomposition< th=""> Composition</thcomposition<>			 	beginning J U	L Z	, 1999, ai			*****	5-00/	10027		
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635 EUCLID AVENUE, APT. 109 F/K/A LINE ONE CORPORATION MIAMI BEACH, FL 33139 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131 A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1)									-	TNC			
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A Shareholder's percentage of slock ownership for tax year (see instructions for Schedule K.1) *				105			1				OOR		
A Strateholder's percentage of slock ownership for tax year (see instructions for Schedule K-1) ▲ At Lanta, GA _ 39901-0013 C Tax sheller registration number (see instructions for Schedule K-1) C Tax sheller registration number (see instructions for Schedule K-1) C Tax sheller registration number (see instructions for Schedule K-1) C Tax sheller registration number (see instructions for Schedule K-1) C Tax sheller (loss) from rental real estate activities 1 Ordinary income (loss) from rental real estate activities 2 Net income (loss) from rental activities 3 Net income (loss) from their rental activities 3 Interest 4 Portifoin income (loss) a interest C Ordinary violends 4 a a interest C Ordinary income (loss) a interest C Ordinary violends C Ordinary violends C Ordinary income (loss) a interest C Ordinary violends /ul>							1						
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(2) Investment expenses included on line 9 above b(2) [rorm 112b). 12 a Credit for alcohol used as fuel 12 a Form 6478, line 10 b Low-income housing credit: 12 a Form 6478, line 10 (1) From Section 42(j)(5) partnerships for property placed in service before 1990 b(1) Form 6478, line 10 (2) Other than on line 12b(1) for property placed in service before 1990 b(2) Form 8586, line 5 (3) From Section 42(j)(5) partnerships for property placed in service after 1989 b(3) Form 8586, line 5 (4) Other than on line 12b(3) for property placed in service after 1989 b(4) Form 8586, line 5 c Qualified rehabilitation expenditures related to rental real estate activities 12c See Shareholder's Instructions for Schedule K-1 (Form 1120S). d Credits coher rental activities 12e Instructions for Schedule K-1 (Form 1120S).						, ,				_	ions for Schedule K-1		
b Low-income housing credit: (1) From Section 42(j)(5) partnerships for property placed in service before 1990 b(1) (2) Other than on line 12b(1) for property placed in service before 1990 b(2) Form 8586, line 5 (3) From Section 42(j)(5) partnerships for property placed in service after 1989 b(3) Form 8586, line 5 (4) Other than on line 12b(3) for property placed in service after 1989 b(4) See Shareholder's linstructions for schedule K-1 (form 1120S). c Qualified rehabilitation expenditures related to rental real estate activities 12c See Shareholder's linstructions for Schedule K-1 (form 1120S).		(2) investment expenses included on line 9 above									·		
(1) From Section 42(j)(5) partnerships for property placed in service before 1990. b(1) (2) Other than on line 12b(1) for property placed in service before 1990. b(2) (3) From Section 42(j)(5) partnerships for property placed in service after 1989. b(3) (4) Other than on line 12b(3) for property placed in service after 1989. b(4) c Qualified rehabilitation expenditures related to rental real estate activities. 12c d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities. 12d e Credits related to other rental activities 12e 13 Other credits					• • • • • • • • • • • • •	· · · · · · · · · · · · ·	•••••••••	12a			orm 6478, line 10		
(2) Other than on line 12b(1) for property placed in service before 1990 b(2) Form 8586, line 5 (3) From Section 42(i)(5) partnerships for property placed in service after 1989 b(3) Form 8586, line 5 (4) Other than on line 12b(3) for property placed in service after 1989 b(4) Form 8586, line 5 c Qualified rehabilitation expenditures related to rental real estate activities 12c See Shareholder's Instructions for Schedule K-1 (Form 1120S). d Credits (other rental activities 12e Schedule K-1 (Form 1120S).		(1) From S	Section 42(i)(5) partnershi	ps for pro	perty placed	1 in						
before 1990 b(2) Form 8586, line 5 (3) From Section 42(i)(5) partnerships for property placed in service after 1989 b(3) Form 8586, line 5 (4) Other than on line 12b(3) for property placed in service after 1989 b(4) b(4) c Qualified rehabilitation expenditures related to rental real estate activities b(4) See Shareholder's Instructions for Schedule K-1 (Form 1120S). d Credits (other than credits shown on lines 12b and 12c) related to other rental activities 12e See Shareholder's (Form 1120S).		service	e before 19	Ĵ0 <i></i>	••••••	••••		b(1)	Juniounity agentee of dee				
(3) From Section 42(j)(5) partnerships for property placed in service after 1989 b(3) (4) Other than on line 12b(3) for property placed in service after 1989 b(4) (4) Other than on line 12b(3) for property placed in service after 1989 b(4) c Qualified rehabilitation expenditures related to rental real estate activities 12c d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities 12d e Credits related to other rental activities 12e I3 Other credits 13											Form 8586 line 5		
Credits after 1989 b(4) b(4) c Qualified rehabilitation expenditures related to rental real estate activities 12c 12c d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities 12d See Shareholder's Instructions for Schedule K-1 (Form 1120S). 13 Other credits 13 13								b(3)					
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to rental real estate activities 12d Instructions for Schedule K-1 e Credits related to other rental activities 12e Schedule K-1 13 Other credits 13													
e Credits related to other rental activities 12e Schedule K-1 (Form 1120S). 13 Other credits 13													
13 Other credits		e Credits rela	ated to oth	er rental activiti	ies			12e			Schedule K-1		
		13 Other cred	lits	<u></u>	<u></u>	<u></u> .	<u></u> .	13			rorm 1120S).		

BAA For Paperwork Reduction Act Notice, see the instructions for Form 1120S.

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Schedule K-1 (Form 1120S) 1999

Schedule K-1 (Form 1120S) (1999) ANDE S. TAPLIN

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Schedule	K-1 (Form 1120S) (1999) ANDE S. TAPLIN		<u> </u>	Page 2
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjust- ments and Tax Prefer- ence Items	 14a Depreciation adjustment on property placed in service after 1986 b Adjusted gain or loss c Depletion (other than oil and gas) d (1) Gross income from oil, gas, or geothermal properties (2) Deductions allocable to oil, gas, or geothermal properties e Other adjustments and tax preference items (attach schedule) 	14c d(1) d(2)	329.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
Foreign Taxes	15 a Type of income ► b Name of foreign country or U.S. possession ► c Total gross income from sources outside the United States (attach schedule) d Total applicable deductions and losses (attach schedule) e Total foreign taxes (check one): ► Paid Accrued f Reduction in taxes available for credit (attach schedule)	15c 15d 15e 15f		Form 1116, Check boxes Form 1116, Part I Form 1116, Part II Form 1116, Part III
Other	 g Other foreign tax information (attach schedule) 16 Section 59(e)(2) expenditures: a Type ► b Amount 17 Tax-exempt interest income 18 Other tax-exempt income 19 Nondeductible expenses 20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV 21 Amount of loan repayments for 'Loans from Shareholders' 22 Recapture of low-income housing credit: a From Section 42(j)(5) partnerships b Other than on line 22a 	18 19 20 21 22a	5,019.	See Instructions for Form 1116 See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S). Form 1040, line 8b See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	 23 Supplemental information required to be reported separately to each s is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) TOTAL 	1 1	r (attach additional sc	thedules if more space 16. 16.

Supple-mental Infor-mation

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Schedu	le K-1	Sharehol 's Share	e of Inco	me, Crec	lits, D	edtions, etc	OMB No. 1545-0130
(Form 112				, te instruction		•	1000
Department o	f the Treasury			r 1999 or tax			1999
Internal Reve	nue Service	beginning Jul 2	', 1999, a				
	ler's identifying r Name, Address, and 2					ifying number > 65 ess, and ZIP Code	-0940037
	. PHILLIPS					MMUNICATIONS,	TNC
		RRACE #1610				ONE CORPORATI	
	FL 33138					L AVENUE, FIRS	
				MIAMI,	FL 33	131	
A Shai	reholder's percen	tage of stock ownership for tax ye	ear (see instr	uctions for So	chedule k	<-1)	►37.50000 %
B Interr	al Revenue Service C	enter where corporation filed its return .		► Atlanta	<u>a, GA</u>	39901-0013	
		on number (see instructions for Se			• • • • • • • • •	►	
D Che	ck applicable box		(2) Ame	ended K-1			(c) Form 1040 filers enter
		(a) Pro rata share items				(b) Amount	the amount in column (b) on:
	1 Ordinary in	come (loss) from trade or busines	ss activities.		1	-41,277.	See Shareholder's
		(loss) from rental real estate act					Schedule K-1
		(loss) from other rental activities	• • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · ·	3		_I (Form 1120S).
	4 Portfolio inc				4.		Schedule B, Part I, line 1
		vidends					Schedule B, Part II, line 5
	-						Schedule E, Part I, line 4
Income							Schedule D, line 5, col (f)
(Loss)	e Net long-ter	rm capital gain (loss):					
	(1) 28% rai	te gain (loss)	e(1)		Schedule D, line 12, col (g)		
	(2) Total fo	r year	e(2)		Schedule D, line 12, col (f)		
	f Other portfo	olio income (loss) <i>(attach schedu</i>	le)		_4f		(Enter on applicable line of return.)
		1231 gain (loss) (other than due			_		See Shareholder's Instruc- tions for Schedule K-1
	•	· · · · · · · · · · · · · · · · · · ·			_5 _6		(Form 1120S).
<u></u>		ne (loss) (attach schedule) contributions (attach schedule)			-	19.	(Enter on applicable line of return.) Schedule A, line 15 or 16
Deduc-		expense deduction				±2.	See Shareholder's Instruc-
tions		related to portfolio income (loss)					tions for Schedule K-1
		ctions (attach schedule)			(Form 1120S).		
Invest-	11 a Interest exp	pense on investment debts			11a		Form 4952, line 1
ment Interest	b (1) Investr	nent income included on lines 4a	, 4b, 4c, and	4f above	b(1)		See Shareholder's Instruc-
interest		nent expenses included on line 9					(Form 1120S).
		Icohol used as fuel	• • • • • • • • • • • • •	••••	_12a		Form 6478, line 10
		e housing credit:					
		ection 42(j)(5) partnerships for pr before 1990			b(1)		
			1		- 5(1)	<u> </u>	
		han on line 12b(1) for property pla 1990			b(2)		
		ection 42(j)(5) partnerships for pr					Form 8586, line 5
	service	after 1989			b(3)		
	(4) Other th	han on line 12b(3) for property pla	aced in servi	ce			
Credits	after 19	989		••••	b(4)	·	
		ehabilitation expenditures related					
		vities			12c		
	d Credits (oth	her than credits shown on lines 12	2b and 12c) r	elated	12d		See Shareholder's
	to rental real estate activities e Credits related to other rental activities						_Instructions for Schedule K-1
		ts			<u>12e</u> 13		(Form 1120S).
BAA For		iction Act Notice, see the instruc			13		I edule K-1 (Form 1120S) 1999

Schedule K-1 (Form 1120S) 1999

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Schedule	K-1 (Form 1120S) (1999) EVAN PHILLIPS			Page 2
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
	14 a Depreciation adjustment on property placed in service after 1986	14a	330.	1
Adjust- ments	b Adjusted gain or loss	14b		See Shareholder's Instructions for
and Tax	c Depletion (other than oil and gas)	14c -		Schedule K-1
Prefer- ence	d (1) Gross income from oil, gas, or geothermal properties	d(1)		(Form 1120S) and Instructions for
Items	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)		Form 6251
	e Other adjustments and tax preference items (attach schedule)	14e		
	15a Type of income ►			Form 1116, Check boxes
	b Name of foreion country or U.S. possession		-	7
	c Total gross income from sources outside the United States			-Form 1116, Part I
Foreign Taxes	(attach schedule)	15c		
Idxes	d Total applicable deductions and losses (attach schedule)	15d		_1
	e Total foreign taxes (check one): Paid Accrued	15e		Form 1116, Part II
I	f Reduction in taxes available for credit (attach schedule)			Form 1116, Part III
	g Other foreign tax information (attach schedule)			See Instructions for Form 1116
	16 Section 59(e)(2) expenditures: a Type►			See Shareholder's Instruc- tions for Schedule K-1
	b Amount	16b		(Form 1120S).
Other	17 Tax-exempt interest income	17		Form 1040, line 8b
	18 Other tax-exempt income	18		See Shareholder's
	19 Nondeductible expenses	19	5,018.	Instructions for
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20		Schedule K-1 (Form 1120S).
	21 Amount of loan repayments for 'Loans from Shareholders'	20		(Folin 11203).
		21		
	22 Recapture of low-income housing credit:	22.	-	
	a From Section 42(j)(5) partnerships			-Form 8611, line 8
	b Other than on line 22a	220	Ļ	
	 23 Supplemental information required to be reported separately to each s is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) TOTAL 			19. 19.
Supple- mental Infor- mation	,			
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Schedu	le K-1	Sharehol s Share of Incon	ne, Cred	lits, De	c_tions, etc	OMB No. 1545-0130
(Form 112	20S)	See separate				1000
Doportment	the Treasury	For calendar year	1999 or tax	year		1999
Internal Reve	of the Treasury nue Service	beginning Jul 2, 1999, an				
	ler's identifying r				ying number ► 65	-0940037
Shareholder's	Name, Address, and	ZIP Code	Corporation's N	Name, Addres	is, and ZIP Code	
JONATH	AN B. WEINE	ĒR	DEBIT O	NE COM	MUNICATIONS, 3	INC.
	ST 66 STREE				ONE CORPORATIO	
APT. 3					AVENUE, FIRS	F FLOOR
NEW YO	<u>RK, NY 1002</u>	21	MIAMI,	FL 331	31	
A Sha	reholder's percen	tage of stock ownership for tax year (see instru	ctions for So	chedule K-	1)	····► <u>5.00000</u> %
B Interr	nal Revenue Service C	enter where corporation filed its return	<u>Atlanta</u>	<u>a, GA</u> _	39901-0013	
C Tax	shelter registration	on number (see instructions for Schedule K-1)	•••••	• • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	
D Che	ck applicable box	es: (1) Final K-1 (2) Amen	ded K-1			x
		(a) Pro rata share items			(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
	1 Ordinary in	come (loss) from trade or business activities	<i></i>	1	-5,504.	See Shareholder's
	2 Net income	(loss) from rental real estate activities	<i></i>	2		L Instructions for Schedule K-1
	3 Net income	(loss) from other rental activities		3		(Form 1120S).
	4 Portfolio inc	come (loss):				
	a Interest			4a		Schedule B, Part I, line 1
	b Ordinary di	vidends		4b		Schedule B, Part II, line 5
	c Royalties			4c		Schedule E, Part I, line 4
Income		erm capital gain (loss)		4d		Schedule D, line 5, col (f)
(Loss)	e Net long-te	rm capital gain (loss):				
	(1) 28% rai	te gain (loss)		e(1)		Schedule D, line 12, col (g)
	(2) Total fo	r year		e(2)		Schedule D, line 12, col (f)
	f Other portfo	olio income (loss) (attach schedule)	• • • <i>•</i> • • • • <i>• •</i> • •	4f		(Enter on applicable line of return.)
		1231 gain (loss) (other than due to casualty		5		See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S).
	6 Other incor	ne (loss) (attach schedule)		6		(Enter on applicable line of return.)
	7 Charitable	contributions (attach schedule) SEE .	LINE 2.3	_7	3.	Schedule A, line 15 or 16
Deduc-	8 Section 179	expense deduction		8		See Shareholder's Instruc-
tions	9 Deductions	related to portfolio income (loss) (attach sched	lule)	9		tions for Schedule K-1
	10 Other dedu	ctions (attach schedule)	<u></u>	10		(Form 1120S).
Invest-	11 a Interest exp	pense on investment debts		11 a		Form 4952, line 1
ment	b(1) investr	nent income included on lines 4a, 4b, 4c, and 4	f above	b(1)		See Shareholder's Instruc- tions for Schedule K-1
Interest	(2) Investm	nent expenses included on line 9 above	<u></u> .	b(2)		(Form 1120S).
	12 a Credit for a	Icohol used as fuel		12a		Form 6478, line 10
	b Low-income	e housing credit:			· · · ·	
	(1) From S service	ection 42(j)(5) partnerships for property placed before 1990	in 	b(1)		
	(2) Other the before	nan on line 12b(1) for property placed in service	e 	b(2)		
	(3) From S service	ection 42(j)(5) partnerships for property placed after 1989	in 	b(3)		Form 8586, line 5
Credits	(4) Other ti after 19	nan on line 12b(3) for property placed in service	e 	b(4)		
		habilitation expenditures related to rental real rities		12c		
	to rental re	ner than credits shown on lines 12b and 12c) rel al estate activities		12d		See Shareholder's
		ited to other rental activities		12e		Schedule K-1
		ts		13		(Form 1120S).
BAA For	Paperwork Redu	ction Act Notice, see the instructions for Form	11205.		Sche	edule K-1 (Form 1120S) 1999

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Schedule K-1 (Form 1120S) 1999

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	K-1 (Form 1120S) (1999) JONA N B. WEINER			Page
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
	14a Depreciation adjustment on property placed in service after 1986	14a	44.	
djust- nents	b Adjusted gain or loss	14b		See Shareholder's
d Tax	c Depletion (other than oil and gas)	14c		Schedule K-1
refer-	d (1) Gross income from oil, gas, or geothermal properties	d(1)		(Form 1120S) and Instructions for
tems	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)		Form 6251
	e Other adjustments and tax preference items (attach schedule)	14e		,
	15a Type of income ►			Form 1116, Check boxes
	h Name of favoign equator or 11 S. procession h			
1	c Total gross income from sources outside the United States	15.		Form 1116, Part I
axes	(attach schedule)			-
	d Total applicable deductions and losses (attach schedule)			
	e Total foreign taxes (check one): ► Paid Accrued			Form 1116, Part II
	f Reduction in taxes available for credit (attach schedule)			Form 1116, Part III
	g Other foreign tax information (attach schedule)			See Instructions for Form 111 See Shareholder's Instruc-
	16 Section 59(e)(2) expenditures: a Type			tions for Schedule K-1
	b Amount			(Form 1120S).
Other	17 Tax-exempt interest income			Form 1040, line 8b
	18 Other tax-exempt income	· · · · · ·		See Shareholder's
	19 Nondeductible expenses	19	669.	Instructions for
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20		Schedule K-1 (Form 1120S).
	21 Amount of loan repayments for 'Loans from Shareholders'	21		(rom 11200).
	22 Recapture of low-income housing credit:			
	a From Section 42(j)(5) partnerships	22 -		
	b Other than on line 22a			Form 8611, line 8
	 23 Supplemental information required to be reported separately to each s is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) 	shareholder	' (attach additional sc	3
upple- nental	TOTAL			3
nfor-				

Schedule K-1 (Form 11205) Shareholi's Share of Income, Credits, Decthons, etc. 's essesparse instructions. For calendary are 1990 or taxy ger beginning JUI 21999, and ending. Dec 311999 December 2000 (Structure) Shareholder's lotter Mark, Addess, add 27 color Stareholder's lotter Mark, Addess, add 27 color DAVIE -, FL 33328 Copportation's lotter Mark, Addess, add 27 color Copportation's lotter Mark, Addess, add 27 color F/K/A LINE ONE CORPORATION, INC. F/K/A LINE ONE CORPORATIO							1	
Description Per calendar year 1999 or tax year 1999 Shareholder's identifying number *	Schedu	e K-1	Sharehol_'s		•	-	ed_tions, etc	OMB No. 1545-0130
Description Description Display and ending Dec 31 . 1999 Shareholder's lotting number > 65-0940037 Comparation's learning in the provide in the pro	(Form 112	:0S)						1000
Shareholder's identifying number * Composition's identifying number * 65-0940037 Solvediver Same, Adves, and 27 Code Composition's identifying number * 65-0940037 2931 S. W. 87 th TER #1922 DEBIT ONE COMMUNICATIONS, INC. 2931 S. W. 87 th TER #1922 F/K/A. LINE ONE CORPORTION 1428 BRICKELL AVENUE, FIRST FLOOR HIAIN, FL 33137 A Shareholder's percentage of stock ownership for tax year (see instructors for Schedule K-1) *	Department o	f the Treasury		-		-		1999
Solumeters Name, Addess, and 2P Code Comparison Name, Addess, and 2P Code P11LLIP DESTARARIS DEBIT ONE COMMUNICATIONS, INC. 2931 S. W. 87th TER #1922 DF/K/A LINE ONE CORPORATION JAVIE , FL 33328 1428 BRICKELL AVENUE, FIRST FLOOR MIANT, FL 33131 A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1)				JL 2 <u>, 1999,</u>				0040027
PHILLIP DESMARAIS DEBIT ONE COMMUNICATIONS, INC. 2931 S.W. 87th TER #1922 F/K/A LINE ONE CORPORATION A Shareholder's percentage of stock ownership for tax year (see Schedule K-1)								-0940037
2931 S. W. 87th TER #1922 F/K/A LINE ONE CORPORATION DAVIE , FL 33328 1428 BRICKELL AVENUE, FIRST FLOOR MIANI, FL 33131 A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) *3.00000 % B internal leaves careputed hist is team *ALlentaGA_39901-0013 *3.00000 % C rax shelter registration number (see instructions for Schedule K-1) *3.00000 % D Check applicable boxes: (1) Final K-1 (2) Amended K-1 (a) Pro rata share items (b) Amount (c) from 100 liner relation (b) on: 120 liner relation (c) on: 120 liner relatio								TNC
DAVIE FL 33328 428 BRICKELL AVENUE, FIRST FLOOR A Shareholder's parcentage of stock ownership for tax year (see instructions for Schedule K-1) 300000_% B internal Newes Service Center where corparation field is return ^A L1anta6A39901_0013 C Tax schedure registration number (see instructions for Schedule K-1)			-					
A Shareholder's percentage of slock ownership for tax year (see instructions for Schedule K-1) >>3.0000, % B internal Reetine Service Carter where corporation flick is thum >>A.1012.g. GA 39901-0013 C Tax shetter registration number (see instructions tor Schedule K-1) (c) Form 1000 files entit D Check applicable boxes: (1)								
A Shareholder's percentage of slock ownership for tax year (see instructions for Schedule K-1)	0///12	,					-	
B Interal Results Service Center where corporation field is return At lant a GA_ 39901-0013 C Tax shelf registration number (see instructions for Schedule K-1) Ammende K-1 C) C Check applicable boxes: (1) Final K-1 (2) Ammende K-1 (a) Pro rata share items (b) Amount (c) Firm 10/0 files enter the amount in column (b) at: 1 Ordinary income (loss) from retail are lestba activities. 1 -3, 302. See Shareholder's instructions for Schedule K-1 4 Net income (loss) from retail are lestba activities. 3 (C) Firm 10/0 files enter the amount in column (b) at: a Interest. 4 a See Shareholder's instructions for Schedule R, Part I, line 1 a Interest. 4 4 Schedule B, Part I, line 1 b Ordinary dividends 4 4 Schedule B, Part I, line 1 10 (Core 4 4 Schedule B, Part I, line 1 10 (Core 4 4 Schedule B, Part I, line 1 10 (Drive portion income (loss) (attach schedule) 4 4 4 11 (Loss) 6 (Core 6 (Core oretails envice anapa	A Sha	reholder's percen	tage of stock ownership t	for tax year (see ins				► 3.00000 %
C Tax shelter registration number (see instructions for Schedule K-1) Check applicable boxes: (1) Final K-1 (2) Amended K-1 (3) Pro rate share items (4) Amount (5) Form 1600 files exter the sharult in colum (30) for: See Shareholder's structure (as full colum) Schedule K-1 Schedule K-1 (6) Form 1600 files exter the sharult in colum (30) for: See Shareholder's structure (as full colum) Schedule K-1 Schedule K	B Interr	al Revenue Service C	enter where corporation filed its	s return	. ► Atlanta	a, GA	39901-0013	
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BAA For Paperwork Reduction Act Notice, see the instructions for Form 1120S.

Schedule K-1 (Form 1120S) 1999

Schedule K-1 (Form 1120S) (1999) PHIL DESMARAIS

Page 2 (c) Form 1040 filers enter the (a) Pro rata share items (b) Amount amount in column (b) on: 26 14a Depreciation adjustment on property placed in service after 1986 14a Adjust-See Shareholder's b Adjusted gain or loss 14b ménts Instructions for 14c and Tax c Depletion (other than oil and gas) Schedule K-1 Prefer-(Form 1120S) and d (1) Gross income from oil, gas, or geothermal properties d(1) ence Instructions for (2) Deductions allocable to oil, gas, or geothermal properties d(2) Items Form 6251 e Other adjustments and tax preference items (attach schedule) 14e 15 a Type of income 🕨 Form 1116, Check boxes b Name of foreign country or U.S. possession > c Total gross income from sources outside the United States Form 1116, Part I Foreign (attach schedule) 15c Taxes d Total applicable deductions and losses (attach schedule) 15d e Total foreign taxes (check one): ► Paid Accrued 15e Form 1116, Part II f Reduction in taxes available for credit (attach schedule) 15 f Form 1116, Part III g Other foreign tax information (attach schedule) 15g See Instructions for Form 1116 See Shareholder's Instruc-tions for Schedule K-1 (Form 1120S). 16 Section 59(e)(2) expenditures: a Type ► 16b b Amount Other 17 Tax-exempt interest income 17 Form 1040, line 8b 18 Other tax-exempt income 18 See Shareholder's 19 Nondeductible expenses 19 401 Instructions for 20 Property distributions (including cash) other than dividend Schedule K-1 distributions reported to you on Form 1099-DIV 20 (Form 1120S). 21 Amount of loan repayments for 'Loans from Shareholders' 21 22 Recapture of low-income housing credit: a From Section 42(j)(5) partnerships 22 a Form 8611, line 8 b Other than on line 22a 22b 23 Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space is needed): LINE 7 - CHARITABLE CONTRIBUTIONS: VARIOUS CHARITABLE ORGANIZATION (50% AGI) 2. TOTAL 2.

Supplemental Information

Department of the Treasury nal Revenue Service 1999 ÷

for an S Corporation

TAXPAYERS COPY IRS use o

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OMB No. 1545-0130

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.
 See separate instructions.

Form 1120S

										~
_		For ca	lendar year	1999, or tax year b	eginning Jul	2 , 1999, a	and ending	Dec 31	, 199	9
Α	Effective Da Election as		Use	Name				C	Employer Id	entification Number
	S Corporati		IRS	DEBIT ONE CO			•		65-	0940037
	07/02	/99	label. Other-	Number, Street, and Roo	m or Suite No. (If a l	P.O. box, see instruction	s)	D	Date Incorpo	rated
В	Business C		wise,	1428 BRICKEL	L AVENUE,	FIRST FLOOP	2		07	/02/99
	(see instruc	ctions)	please print or	City or Town	•	Stat		E	Total Assets	(see instructions)
	51330	0	type.	MIAMI		· FI	L 33131	L \$		321,480.
F			xes: (1)	X Initial return (2)	Final return	(3) Change			nended retu	
										≻ 7
				business income and				~~~~~~		
				1,012,894.						1,012,894.
F				edule A, line 8)						873, 112.
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co		•		m 4797, Part II, line						
M	1	* .		ach schedule)	-					
Ε									· · ·	139,782.
				mbine lines 3 throug						50,000.
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D E			• ·	s employment credit	-					56,444.
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U C				• • • • • • • • • • • • • • • • • • • •						
Ť										
0	12 Ta	axes and lic	enses	· · · · · · · · · · · · · · · · · · ·	,	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •			10,679.
N						-	,		13	3,600.
S	14a D	epreciation	(if required	l, attach Form 4562)			14a	3,51	4.	
S E E	b D	epreciation	claimed on	Schedule A and els	ewhere on retur	n	14b			
Ē	c Si	ubtract line	14b from li	ne 14a		••••••••••••••••	• • • • • • • • • • •		14c	3,514.
1	15 D	epletion (Do	not deduc	t oil and gas deplet	ion.)			• • • • • • • • • • • • • • • • • • •	15	
NSTRUCT	16 A	dvertising .							16	2,141.
R	17 P	ension, prof	it-sharing,	etc, plans					17	
U C	18 E	mployee be	nefit progra	ams				• • • • • • • • • • • • • • • • • • • •	18	
1	19 0	ther deducti	ions (attacl	h schedule)Se	e. Other. Deducti	ons			19	123,396.
025	1		•	he amounts shown in						249,855.
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T				ncome tax (attach schedul						
Â				orm 1120S)		•				
X				structions for additional ta					22 c	
A			•	tax payments and amoun	-			* • • • • • • • • • • • • • • • • •		
N D		·		1 7004			23b			
							230 23c			
P				id on fuels <i>(attach F</i> 3c						
A Y	1		+					Min.	23d	
M				Check if Form 2220 i					24	
E N T	25 Ta			2c & 24 is larger than lin				· •		
Ť	26 0			d is larger than the t			ount overpa		26	
	27 E	T		you want: Credited				Refunded		
p	ease	Under penalt belief, it is tr	ies of perjury, ue, correct, an	I declare that I have exam d complete. Declaration of	ined this return, inclu preparer (other than	ding accompanying sche taxpayer) is based on a	edules and stat Il information o	ements, and to the of which preparer ha	best of my kno s any knowled	wiedge and ige.
	gn				1					•
H	ere	•			l	•	•			
		Signature	of Officer		Date	Til				
		Preparer's	()	A K. A		Date	Check	if self-	eparer's SSN	or PTIN
Pa	id	Signature	► U	m	CPA-	331/1	oneca emplo	yed 🕨 👔		
	eparer's	Firm's Name	Eva	2 P	P.A.	· ·		EIN +6	5-05383	67
	e Only	or yours if self-employed	ŋ ▶ <u>40</u>	<u>00 Towerside</u>	<u>Ter., Sui</u>	te 1109				
		and Address	Mi	ami		F	L	ZIP Code	► 331	38
B	A For P	aperwork F	Reduction A	Act Notice, see sepa	rate instruction	c				Form 1120S (1999)

orm 7004 Rev July 1998) epartment of the Treasury	App tion fo to rile Cor	or Automatic Exterporation Income	nsion o me Tax Return	ОМВІ	No. 1545-0233
nternal Revenue Service			Emplo	yer Identification Nun	aber
ame of Corporation			· ·	LIED FOR	
DEBIT ONE COMMUNI lumber, Street, and Room or Suite	Number (If a P.O. box or outside of the U	nited States, see instructions.)			
1428 BRICKELL AVI	ENUE, FIRST FLOOR				
Lity or Town	· · · ·				Code
MIAMI			·····	FL 3:	3131
Check type of return to be Form 1120 Form 1120-A Form 1120-F	filed: Form 1120-FSC Form 1120-H Form 1120-L	Form 1120-ND Form 1120-PC Form 1120-POL	Form 1120-REIT Form 1120-RIC X Form 1120S	Form 1	120-SF
Form 990-C Form 990-T	Note: Other 990 filers (i.e., Form must use Form 2758 to request	m 990, 990-EZ, 990-BL, 990 t an extension of time to file	0-PF, and certain filers of F	orm 990-T (see i	nstructions))
Form 1120-F filers: Check	here if you do not have an office	or place of business in the	e United States		ト
until <u>Sep 15</u> year <u>1999</u> or ► b If this tax year is for Initial return	tax year beginning less than 12 months, check reas	tax return of the corporatio	n named above for b X nd ending nd Consolidated re	calendar	
Name a	nd address of each member of t	the affiliated group	Employer	1D number	Tax period
					
	<u> </u>				
				1	
 4 Credits: a Overpayment credite b Estimated tax payments for c Less refund for the tax 				3	
 4 Credits: a Overpayment credite b Estimated tax payments for c Less refund for the t for on Form 4466 e Credit for tax paid o f Credit for federal tax 	ed from prior year 4a or the tax year 4b tax year applied 4c n undistributed capital gains (Fo x on fuels (Form 4136)	Bal⊁ rrm 2439)	4d 4e 4 f	3	
 4 Credits: a Overpayment credite b Estimated tax payments for c Less refund for the t for on Form 4466 e Credit for tax paid o f Credit for federal tax 5 Total. Add lines 4d t 	ed from prior year 4 a or the tax year 4 b tax year applied 4 c n undistributed capital gains (Fo x on fuels (Form 4136)	Bal⊁ 	4 e 4 f		
 4 Credits: a Overpayment credite b Estimated tax payments for c Less refund for the t for on Form 4466 e Credit for tax paid o f Credit for federal tax 5 Total. Add lines 4d th 6 Balance due. Subtra Deposit (FTD) Coup 	ed from prior year 4a or the tax year 4b tax year applied 4c n undistributed capital gains (Fo x on fuels (Form 4136) through 4f act line 5 from line 3. Deposit th boon (see instructions)	brm 2439)	4 e 4 f with a Federal Tax		ication, and to
 4 Credits: a Overpayment credite b Estimated tax payments for c Less refund for the t for on Form 4466 e Credit for tax paid o f Credit for federal tax 5 Total. Add lines 4d th 6 Balance due. Subtra Deposit (FTD) Coup 	ed from prior year 4a or the tax year 4b tax year applied 4c n undistributed capital gains (Fo x on fuels (Form 4136) through 4f act line 5 from line 3. Deposit th	Bal> Bal> is amount electronically or ave been authorized by the atements made are true, cor	4 e 4 f with a Federal Tax		ication, and to

Form 1120S (1999) DEBIT ONE COMMUNICATIONS, INC.

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Schedule A	Cost of	Goods Sold	(see instructions)
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1	Inventory at beginning of year	1	~		0.
2	Purchases	2		977,	024.
3	Cost of labor	3			
4	Additional Section 263A costs (attach schedule)	4			
5	Other costs (attach schedule)	5			
6	Total. Add lines 1 through 5	6		977,	024.
7	Inventory at end of year	7		103,	912.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8		873,	112.
9a	Check all methods used for valuing closing inventory:				
	(i) X Cost as described in Regulations Section 1.471-3				
	(ii) Lower of cost or market as described in Regulations Section 1.471-4				
	(iii) Other (specify method used and attach explanation) Check if there was a writedown of 'subnormal' goods as described in Regulations Section 1.471-2(c)				-
ł	Check if there was a writedown of 'subnormal' goods as described in Regulations Section 1.471-2(c)				-
¢	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)				
c	I If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO	9d			
e	Do the rules of Section 263A (for property produced or acquired for resale) apply to the corporation?		. Yes	1 X	No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation		🌅 Yes	1 X	No

Schedule B Other Information

		Yes	No
1	Check method of accounting: (a) Cash (b) X Accrual (c) Other (specify) ►	調整	a a
2	Refer to the list in the instructions and state the corporation's principal:	1 Ser	
	(a) Business activity ► PHONE_CARD_DISTRIBUTIONS (b) Product or service . ► TELECOMMUNICATIONS		仙 天 2月
3	Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see Section 267(c).) If 'Yes,' attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned		х
4	Was the corporation a member of a controlled group subject to the provisions of Section 1561?		Х
5	At any time during calendar year 1999, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See the instructions for exceptions and filing requirements for Form TD F 90-22.1.)		х
	If 'Yes,' enter the name of the foreign country		1197%
6	During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' the corporation may have to file Form 3520. See instructions		x
7	Check this box if the corporation has filed or is required to file Form 8264, Application for Registration		-House
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount	國德	の日本
	If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9	If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in Section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)	「大学生」	
10	Check this box if the corporation had accumulated earnings and profits at the close of the tax year (see instructions) ►		

Form 1120S (1999)

Form 112	OS (1999) DEBIT ONE COMM CATIONS, INC.	5-0940037	Page 3
Schedu			
Contraction of the local sector	(a) Pro rata share items	(b) To	tal amount
Income	1 Ordinary income (loss) from trade or business activities (page 1, line 21)	1	-110,073.
(Loss)	2 Net income (loss) from rental real estate activities (attach Form 8825)	. 2	
	3 a Gross income from other rental activities 3a		
	b Expenses from other rental activities (attach schedule)		
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	. 3c	
	4 Portfolio income (loss):		14
	a Interest income	. 4a	
	b Ordinary dividends	. 4b	
	c Royalty income	4c	
	d Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	. 4d	
	e Net long-term capital gain (loss) (attach Schedule D (Form 1120S)):		
	(1) 28% rate gain (loss) (2) Total for year	► 4 e (2)	
	f Other portfolio income (loss) (attach schedule)		
	5 Net Section 1231 gain (loss) (other than due to casually or theft) (attach Form 4797)	. 5	
	6 Other income (loss) (attach schedule)		
Deduc-	7 Charitable contributions (attach schedule) VARLOUS. CHARITABLE. ORGANIZATION. (50% .A		50.
tions	8 Section 179 expense deduction (attach Form 4562)		
	 9 Deductions related to portfolio income (loss) (itemize)		
	10 Other deductions (<i>attach schedule</i>)		
Invest-	11 a Interest expense on investment debts		
ment	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	2010 12 100	
Interest	(2) Investment expenses included on line 9 above		
Credits			
Credits	12a Credit for alcohol used as a fuel (attach Form 6478)	. 12a	_
	b Low-income housing credit:	101 (1)	
	(1) From partnerships to which Section 42(j)(5) applies for property placed in service before 1990		
	(2) Other than on line 12b(1) for property placed in service before 1990		
	(3) From partnerships to which Section 42(j)(5) applies for property placed in service after 1989		
	(4) Other than on line 12b(3) for property placed in service after 1989		
	c Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)	. 12c	
	d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	. 12d	
	e Credits related to other rental activities		
Adiust	13 Other credits		
Adjust- ments	14a Depreciation adjustment on property placed in service after 1986		879.
and Tax	b Adjusted gain or loss		
Prefer- ence	c Depletion (other than oil and gas)		
Items	d (1) Gross income from oil, gas, or geothermal properties	and the second sec	
	(2) Deductions allocable to oil, gas, or geothermal properties		
	e Other adjustments and tax preference items (attach schedule)	. 14e	
Foreign Taxes	15 a Type of income	-	
Taxes	b Name of foreign country or U.S. possession	-	
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	. 15d	
	e Total foreign taxes (check one): Paid Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	. 15 f	
	g Other foreign tax information (attach schedule)	. 15g	
Other	16 Section 59(e)(2) expenditures: a Type ► b Amount	► 16b	
	17 Tax-exempt interest income	. 17	
	18 Other tax-exempt income		
	19 Nondeductible expenses		13,382.
	20 Total property distributions (including cash) other than dividends reported on line 22 below		
	21 Other items and amounts required to be reported separately to shareholders	. 20	
	(attach schedule).		
	22 Total dividend distributions paid from accumulated earnings and profits	22	
		. 22	
	23 Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15e, and 16b	. 23	-110,123.
BAA	SPSA0134 12/06/99		Form 1120S (1999)

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TITLE PAGE

FLORIDA TELECOMMUNICATIONS TARIFF

OF

Debit One Communications Inc.

This tariff contains the descriptions, regulations, and rates applicable to the furnishing of resold telecommunication services provided by Debit One Communications Inc. with principal offices located at 1428 Brickell Avenue, Suite 100, Miami, Florida 33131. This tariff applies to services furnished within the State of Florida. This tariff is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ISSUED: September , 2000

EFFECTIVE: _____

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

Debit One Communications Inc.

CHECK SHEET

This tariff contains Sheets, as listed below, each of which is effective as of the date shown on each sheet. Original and revised sheets as named below comprise all changes from the original tariff.

SHEET	REVISION	SHEET	REVISION		
1	Original *	21	Original *		
2	Original *	22	Original *		
3	Original *	23	Original *		
4	Original *	24	Original *		
5	Original *	25	Original *		
6	Original *				
7	Original *				
8	Original *				
9	Original *				
10	Original *				
11	Original *				
12	Original *				
13	Original *				
14	Original *				
15	Original *				
16	Original *				
17	Original *				
18	Original *				
19	Original *				
20	Original *				

* Indicates new or revised sheet with this filing

ISSUED: September , 2000

EFFECTIVE:

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

TABLE OF CONTENTS

Title Sheet	1
Check Sheet	2
Table of Contents	3
Symbols	4
Tariff Format	5
Section 1.0 - Technical Terms and Abbreviations	6
Section 2.0 - Rules and Regulations	9
Section 3.0 - Description of Service	17
Section 4.0 - Rates	22

ISSUED: September , 2000

EFFECTIVE:

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

Florida Tariff No. 1 Original Sheet 4

SYMBOLS

The following are the only symbols used for the purposes indicated below:

- **D** Delete or discontinue
- I Change resulting in an increase to a Customer's bill
- M Moved from another tariff location
- N New
- **R** Change resulting in a reduction to a Customer's bill
- T Change in text or regulation but no change in rate or charge

When changes are made in any tariff sheet, a revised sheet will be issued canceling the tariff sheet affected. Changes will be identified on the revised sheet(s) through the use of the above mentioned symbols.

ISSUED: September, 2000

EFFECTIVE:

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, FI 33131

TARIFF FORMAT

A. Sheet Numbering - Sheet numbers appear in the upper right corner of the sheet. Sheets are numbered sequentially. However, new sheets are occasionally added to the tariff. When a new sheet is added between sheets already in effect, a decimal is added. For example, a new sheet added between sheets 14 and 15 would be 14.1.

B. Sheet Revision Numbers - Revision numbers also appear in the upper right corner of each sheet. These numbers are used to determine the most current sheet version on file with the FPSC. For example, the 4th revised Sheet 14 cancels the 3rd revised Sheet 14. Because of various suspension periods, deferrals, etc. the FPSC follows in their tariff approval process, the most current sheet number on file with the Commission is not always the tariff sheet in effect. Consult the check sheet for sheet currently in effect.

C. Paragraph Numbering Sequence - There are nine levels of paragraph coding. Each level of coding is subservient to its next higher level:

2. 2.1. 2.1.1. 2.1.1.A. 2.1.1.A.1. 2.1.1.A.1.(a). 2.1.1.A.1.(a).I. 2.1.1.A.1.(a).I.(i). 2.1.1.A.1.(a).I.(i).(1).

D. Check Sheets - When a tariff filing is made with the FPSC, an updated check sheet accompanies the tariff filing. The check sheet lists the sheets contained in the tariff, with a cross reference to the current revision number. When new sheets are added, the check sheet is changed to reflect the revision. All revisions made in a given filing are designated by an asterisk (*). There will be no other symbols used on the check sheet if these are the only changes made to it (i.e., the format, etc. remains the same, just revised revision levels on some sheets). The tariff user should refer to the latest check sheet to find out if a particular sheet is the most current on file with the FPSC.

ISSUED: September , 2000

EFFECTIVE: _____

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

Debit One Communications Inc.

SECTION 1.0 - TECHNICAL TERMS AND ABBREVIATIONS

1.1 Abbreviations

The following abbreviations are used herein only for the purposes indicated below:

FCC	-	Federal Communications Commission
FPSC	-	Florida Public Service Commission
Debit One	-	Debit One Communications Inc.
IXC	-	Interexchange Carrier
LEC	-	Local Exchange Carrier

ISSUED: September , 2000

EFFECTIVE:

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

Debit One Communications Inc.

SECTION 1.0 - TECHNICAL TERMS AND ABBREVIATIONS, (Cont'd)

1.2 Definitions

Authorization Code - A pre-defined series of numbers to be dialed by the Customer or End User upon access to the Company's system to notify the caller and validate the caller's authorization to use the services provided. The Customer is responsible for charges incurred through the use of his or her assigned Authorization Code.

Available Usage Balance - The amount of usage remaining on a Prepaid Account at any particular point in time. Each Prepaid Account has an Initial Account Balance which is stated either in U.S. dollars or Call Units, depending upon the type of service. The Available Balance is depleted as services provided by the Company are utilized by the Customer.

Commission - The Florida Public Service Commission.

Company or Carrier - Debit One Communications Inc. unless otherwise clearly indicated by the context.

Customer - Any person, firm, partnership, corporation, or other entity which uses telecommunications services under the provisions and regulations of this tariff and is responsible for payment of charges.

Initial Usage Balance - The amount of usage on a Prepaid Account upon issuance and before any depleting call activity.

Debit One - Refers to Debit One Communications Inc., issuer of this tariff.

LEC - Local Exchange Company

Marks - A collective term to mean such items as trademarks, service marks, trade names and logos; copyrighted words, artwork, designs, pictures or images; or any other device or merchandise to which legal rights or ownership are held or reserved by an entity.

ISSUED: September , 2000

EFFECTIVE: _____

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

SECTION 1.0 - TECHNICAL TERMS AND ABBREVIATIONS, (Cont'd)

1.2 Definitions, (Cont'd)

Personal Identification Number (PIN) - A numeric or alpha-numeric sequence which uniquely identifies a travel card or Prepaid card account. See Authorization Code.

Prepaid Account - An account which consists of a pre-paid usage balance depleted on a real-time basis during each Prepaid Service call.

Prepaid Card - A card issued by the Company which provides the Customer with a Personal Identification Number (PIN) and instructions for accessing the Carrier's network.

Prepaid Service Call - A service accessed via a "1-800" or other access code dialing sequence whereby the Customer or Authorized User dials all of the digits necessary to route a call. Network usage for each call is deducted from the available usage balance on a Company issued Prepaid Account.

Renewal - A method of replenishing a Prepaid Account's Available Usage Balance with additional minutes of usage as authorized and paid for by the Customer.

Sponsor - A corporation or other legal entity that exclusively permits the use of it Marks to the company for use with telephone cards or other merchandise, and contracts with the company for the marketing of the services described herein.

Subscriber - The person or legal entity which enters into arrangements for the Company's telecommunications services on behalf of him/her self or on behalf of a transient third party. A Subscriber may also be an End User when he/she utilizes the telecommunications services of Debit One Communications Inc.

V & H Coordinates - Geographic points which define the originating and terminating points of a call in mathematical terms so that the airline mileage of the call may be determined. Call mileage is used for the purposed of rating calls.

ISSUED: September , 2000

EFFECTIVE: _____

SECTION 2.0 - RULES AND REGULATIONS

2.1 Undertaking of the Company

Debit One's services and facilities are furnished for communications originating at specified points within the state of Florida under terms of this tariff. Debit One installs, operates, and maintains the communications services provided hereinunder in accordance with the terms and conditions set forth under this tariff.

2.2 Applicability of Tariff

This tariff is applicable to telecommunications services provided by Debit One within the state of Florida.

2.3 Limitations of Service

- **2.3.1** Service will be furnished subject to the availability of the necessary facilities and/or equipment and subject to the provisions of this tariff.
- **2.3.2** The Company reserves the right to discontinue furnishing service when necessitated by conditions beyond its control, or when the Customer is using the service in violation of the provisions of this tariff, or in violation of law.
- **2.3.3** The Company does not undertake to transmit messages, but offers the use of its facilities when available, and will not be liable for errors in transmission or for failure to establish connections.
- 2.3.4 The Company reserves the right to discontinue the offering of service if a change in regulation materially and negatively impacts the financial viability of the service in the best business judgment of the Company.

ISSUED: September , 2000

EFFECTIVE:

2.4 Liability

- 2.4.1 The liability of the Company for any claim or loss, expense or damage (including indirect, special, or consequential damage) for any interruption, delay, error, omission, or defect in any service, facility or transmission provided under this tariff shall not exceed an amount equivalent to the proportionate charges to the Customer for the period of service or the facility provided during which such interruption, delay, error, omission, or defect occurs.
- 2.4.2 The Company shall not be liable for any claim or loss, expense, or damage (including indirect, special, or consequential damage), for any interruption, delay, error, omission, or other defect in any service facility, or transmission provided under this tariff, if caused by any person or entity other than the Company, by any malfunction of any service or facility provided by any other carrier, by any act of God, fire, war, civil disturbance, or act of government, or by any other cause beyond the Company's direct control, unless ordered by the Commission.
- The Company shall not be liable for, and shall be fully indemnified and held 2.4.3 harmless by Customer and Subscriber against any claim or loss, expense, or damage, (i) for defamation, invasion of privacy, infringement of copyright or patent, unauthorized use of any trademark, trade name, or service mark, unfair competition, interference with or misappropriation or violation of any contract, proprietary or creative right, or any other injury to any person, property, or entity arising from the material data, information, or content revealed to, transmitted, processed, handled, or used by Company under this tariff, or (ii) for connecting, combining, or adapting Company's facilities with Customer's or Subscriber's apparatus or systems, or (iii) for any act or omission of the Customer or Subscriber, or (iv) for any personal injury or death of any person, or for any loss of or damage to Subscriber's or Customer's premises or any other property, whether owned by Customer, Subscriber or others, caused directly or indirectly by the installation, maintenance, location, condition, operation, failure or removal of equipment or wiring provided by the Company if not directly caused by negligence of the Company.

ISSUED: September , 2000

EFFECTIVE: _____

2.4 Liability, (Cont'd)

2.4.4 The Company shall not be liable for any claim, loss, or refund as a result of loss or theft of Prepaid Cards or Personal Identification Numbers issued for use with the Company's services. Nor will the Company be liable for any claim, loss or refund on any unused balance remaining on a Prepaid Card provided to a Customer before or after the expiration date assigned to each Prepaid Account.

2.5 Payment and Credit Regulations

2.5.1 Payment Arrangements

For Subscriber Services, all charges due by the Customer are payable to any agency duly authorized to receive such payments. This includes payment for calls or services originated at the Customer's number(s); placed using a Prepaid Card as a form of payment regardless of the purchaser of the card or the originating location of the call; incurred at the specific request of the Customer.

Payments for service provided in association with Company-issued Prepaid Accounts must be received by the Company or its authorized agent prior to the activation of the Customer's Prepaid Account. The Customer shall be responsible for all calls placed via the Prepaid Account as the result of the Customer's intentional or negligent disclosure of their Personal Identification Number (PIN).

Renewal of Customer Account Balances made by charges to commercial credit cards are subject to the terms and conditions of the issuing commercial credit card company and those of Debit One's credit card processing agent. Renewals of Customer Account Balances made by cashier's checks are subject to the terms and conditions of the issuing financial institution.

2.5.2 Deposits

The Company does not collect deposits from its Customers. The prepayment for services which are immediately available to the Customer does not constitute a deposit.

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EFFECTIVE:

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

2.5 Payment and Credit Regulations, (Cont'd)

2.5.3 Advance Payments

The Company does not collect advance payments from its Customers. The prepayment of services immediately available does not constitute an Advance Payment.

2.5.4 Taxes

Federal, state and local taxes, including but not limited to federal excise tax, state gross receipts taxes, sales taxes, and municipal utilities taxes are listed as separate line items on the bill. For prepaid services, taxes and fees shall be included in the rates and charges stated in the Company's rate schedule for this service.

2.5.5 Returned Checks

The Company reserves the right to assess a return check charge of up to \$20.00 or 5% of the balance due (whichever is greater) whenever a check or draft presented for payment of service is not accepted by the institution on which it is written.

2.5.6 Late Payment Charge

A late fee of 1.5% per month will be charged on any past due balance.

ISSUED: September , 2000

EFFECTIVE:

Refunds or Credits for Service Outages or Deficiencies 2.6

2.6.1 **Interruption of Service**

Credit allowances for interruptions of service which are not due to the Carrier's testing or adjusting, to the negligence of the Customer, or to the failure of channels, equipment or communications systems provided by the Customer, are subject to the general liability provisions set forth in Section 2.4.2 herein. It shall be the obligation of the Customer to notify Carrier immediately of any interruption in service for which a credit allowance is desired by Customer. Before giving such notice, Customer shall ascertain that the trouble is not within his or her control or is not in wiring or equipment, if any, furnished by the Customer and connected to Carrier's terminal.

Credit allowances for interruptions of service caused by service outages or deficiencies are limited to the initial minimum period call charges for re-establishing the interrupted call.

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ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

2.7 Refusal or Discontinuance by Company

Debit One. may refuse or discontinue service for non-compliance with and/or violation of any Federal, State or municipal law, ordinance or regulation pertaining to telephone service.

- 2.7.1 Service may also be discontinued or refused without notice for the following conditions:
 - .1 In the event of Customer use of equipment in such a manner as to adversely affect the company's equipment or the Company's service to others.
 - .2 In the event of hazardous conditions or tampering wth the equipment furnished and owned by the Company.
 - .3 In the event of unauthorized or fraudulent use of service. If service is disconnected for fraudulent use, the Company may require the Customer to make, at his expense, all changes necessary to eliminate illegal use and pay any amount reasonably estimated as the loss in revenues resulting from such fraudulent use.
- **2.7.2** Service may be discontinued after five (5) working days written notice for the following conditions:
 - .1 For non-compliance with or violation of the Commission's regulations or the Company's rules and regulations on file with the Commission.
 - .2 For nonpayment of bills for telephone service.

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EFFECTIVE: _____

2.7 Refusal or Discontinuance by Company, (Cont'd)

- 2.7.3 Service may be discontinued after notice and a reasonable time to comply with any rules or remedy any deficiency for the following conditions:
 - .1 For non-compliance with or violation of any state or municipal law, ordinance or regulation pertaining to telephone service.
 - .2 For the use of telephone service for any other property or purpose than described in this tariff.
 - .3 For failure or refusal to provide the Company with a deposit.
 - .4 For neglect or refusal to provide reasonable access to the Company for inspection and maintenance of equipment owned by the Company.

ISSUED: September , 2000

EFFECTIVE: _____

2.8 Use of Service

Service may be used for any lawful purpose for which it is technically suited. Customers reselling Debit One's Florida intrastate service must have a Certificate of Public Convenience and Necessity as an interexchange carrier from the Florida Public Service Commission.

2.9 Applicable Law

This tariff shall be subject to and construed in accordance with Florida law.

2.10 Other Rules

The Company may temporarily suspend service without notice to the Customer, by blocking traffic to certain cities or NXX exchanges, or by blocking calls using certain Personal Identification Numbers when the Company deems it necessary to take such action to prevent unlawful use of its service. The Company will restore service as soon as service can be provided without undue risk.

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SECTION 3.0 - DESCRIPTION OF SERVICE

3.1 General

DEBIT ONE provides Prepaid Card Services for communications originating and terminating within the State of Florida under terms of this tariff.

3.2 Quality and Grade of Service Offered

Minimum Call Completion Rate - Customers can expect a call completion rate of not less than 90% during peak use periods. The call completion rate is calculated as the number of calls completed (including calls completed to a busy line or to a line which remains unanswered by the called party) divided by the number of calls attempted.

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SECTION 3.0 - DESCRIPTION OF SERVICE, (Cont'd)

3.3 Timing of Calls

- **3.3.1** Timing for all calls begins when the called party answers the call (i.e. when two way communications are established.) Answer detection is based on standard industry answer detection methods, including hardware and software answer detection.
- **3.3.2** Chargeable time for all calls ends when either one of the parties disconnects from the call.
- 3.3.3 Minimum call duration and additional billing increments are specified in Section 4.
- 3.3.4 There is no billing applied for incomplete calls.

3.4 Calculation of Distance

The company does not offer distance sensitive rates.

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SECTION 3.0 - DESCRIPTION OF SERVICE, (Cont'd)

3.5 Public Telephone Surcharge

In order to recover the Company's expenses to comply with the FCC's pay telephone compensation plan effective on October 7, 1997 (FCC 97-371), an undiscountable per call charge is applicable to all interstate, intrastate and international calls that originate from any domestic pay telephone used to access the Company's services. This surcharge, which is in addition to standard tariffed usage charges and any applicable service charges and surcharges associated with the Company's service, applies for the use of the instrument used to access The Company service and is unrelated to the Company service accessed from the pay telephone.

Pay telephones include coin-operated and coinless phones owned by local telephone companies, independent companies and other interexchange carriers. The Public Pay Telephone Surcharge applies to the initial completed call and any reoriginated call (i.e., using the "#" symbol).

Whenever possible, the Public Pay Telephone Surcharge will appear on the same invoice containing the usage charges for the surcharged call. In cases where proper pay telephone coding digits are not transmitted to the Company prior to completion of a call, the Public Pay Telephone Surcharge may be billed on a subsequent invoice after the Company has obtained information from a carrier that the originating station is an eligible pay telephone.

The Public Pay Telephone Surcharge does not apply to calls placed from pay telephones at which the Customer pays for service by inserting coins during the progress of the call.

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Debit One Communications Inc.

SECTION 3.0 - DESCRIPTION OF SERVICE, (Cont'd)

3.6 Prepaid Card Service

Prepaid Card Service is a prepaid card service available to the general public and offered in conjunction with interstate service. Prepaid Card Service is a non-refundable service subject to the terms and conditions contained herein. Prepaid Card Service is available in rechargeable and non-rechargeable formats.

3.6.1 General Terms and Conditions

- .1 Calls may originate from standard residential, business or pay telephone access lines and may terminate to any intrastate location via an access number. Call timing is detailed in the description of each service. Service is available 24 hours a day, 7 days per week. The number of available cards is subject to technical limitations. Cards will be offered to customers on a first come, first served basis.
- .2 Calls are originated by dialing an access number followed by an Authorization Code or PIN. The Authorization Code or PIN enables the Company to track and automatically decrement the Available Usage Balance on the Prepaid Card as the card is used. Customers are notified of their Remaining Available Usage Balance at the beginning of each call.
- .3 Calls to 500, 700, 800/888, 900 and 976 numbers and calls requiring operator assistance and the quotation of time and charges cannot be completed using the Debit One Prepaid Card. Air to ground and high seas service may not be completed. Calls will not be completed using rotary telephone service.
- .4 All calls must be charged against a Prepaid Card that has sufficient available balance. A Customer's call may be interrupted with an announcement before the balance is about to be depleted. Calls in progress will be terminated by the Company if the balance on the Prepaid Card is insufficient to continue the call.

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EFFECTIVE:

SECTION 3.0 - DESCRIPTION OF SERVICE, (Cont'd)

3.6 Prepaid Card Service

3.6.2 Discontinuance of Service

Prepaid Card Service may also be discontinued or refused without notice for the following conditions:

- .1 For non-payment of any amount past due to the Company by the Customer, including non-payment of a Customer Card Account Renewal of a fully-depleted balance.
- .2 When the Available Account Balance of a non-renewable account is Depleted to a level insufficient to place a one-minute call to the location of least cost.
- .3 When the established expiration date of the Customer Account is reached.

3.6.3 Prepaid Card Service Descriptions

.1 Retail Card

The Company offers Prepaid Cards to retail establishments.

.2 Sponsor Card

The Company offers Prepaid Cards to organizations or commercial entities for distribution to their members, patrons or customers. The marketing vehicle and expiration period is selected by the Sponsor upon joint agreement between the Company and the Sponsor. The Sponsor is responsible for obtaining all necessary permissions for the use of any trademark, trade name, service mark or other image on the card. The Sponsor may distribute the Company's debit card accounts at reduced rates or free of charge to end user Customers. At the option of the Sponsor, these cards may not be replenishable. The Company reserves the right to approve or reject any image and to specify the customer information language and use of the Company's trademark, trade name, service mark or other image on the card.

ISSUED: September , 2000

EFFECTIVE: _____

SECTION 4.0 - RATES

4.1 General

Each Customer is charged individually for each call placed through the Company. Charges may vary by service offering, class of call, time of day, day of week and/or call duration.

4.1.1 Tests, Pilots, Promotional Campaigns and Contests

The Company may conduct special tests or pilot programs and promotions at its discretion to demonstrate the ease of use, quality of service and to promote the sale of its services. The Company may also waive a portion or all processing fees or installation fees for winner of contests and other occasional promotional events sponsored or endorsed by the Company. From time to time the Company may waive all processing fees for a Customer.

These promotions will be approved by the FPSC and made part of the tariff with specific starting and ending dates with promotions running under no circumstances longer than 90 days in any twelve month period.

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ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

SECTION 4.0 - RATES, (Cont'd)

4.2 Exemptions and Special Rates

4.2.1 Discounts for Hearing Impaired Customers

A telephone toll message which is communicated using a telecommunications devise for the deaf (TDD) by properly certified hearing or speech impaired persons or properly certified business establishments or individuals equipped with TDDs for communicating with hearing or speech impaired persons will receive, upon request, credit on charges for certain intrastate toll calls placed between TDDs. Discounts do not apply to surcharges or per call add-on charges for operator services when the call is placed by a method that would normally incur the surcharge.

- A. The credit to be given on a subsequent bill for such calls placed between TDDs will be equal to applying the evening rate during business day hours and the night/weekend rate during the evening rate period.
- B. The credit to be given on a subsequent bill for such calls placed by TDDs with the assistance of the relay center will be equal to 50% of the rate for the applicable rate period. If either party is both hearing and visually impaired, the call shall be discounted at 60% of the applicable rate.

4.2.2 Emergency Call Exemptions

The following calls are exempted from all charges: Emergency calls to recognizable authorized civil agencies including police, fire, ambulance, bomb squad and poison control. Debit One will only handle these calls if the caller dials all of the digits to route and bill the call. Credit will be given for any billed charges pursuant to this exemption on a subsequent bill after verified notification by the billed Customer within thirty (30) days of billing.

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SECTION 4.0 - RATES, (Cont'd)

4.2 Exemptions and Special Rates, (Cont'd)

4.2.3 Directory Assistance Charges for Handicapped Persons

Debit One does not offer Directory Assistance service and the Company does not offer any presubscribed services. However, should the Company offer such service in the future, presubscribed residential Customers or authorized users of Customers' services who are certified as handicapped would be exempt from applicable Directory Assistance charges for the first 50 directory assistance calls per month.

4.2.4 Operator Assistance for Handicapped Persons

Operator station surcharges will be waived for operator assistance to a caller who identifies him or herself as being handicapped and unable to dial the call because of the handicap.

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SECTION 4.0 - RATES, (Cont'd)

4.3 Public Telephone Surcharge

Rate Per call \$0.30

4.4 Prepaid Card Service

Service rates are not distance or time of day sensitive. Holiday discounts do not apply. Calls are billed in one (1) minute increments. The minimum call duration for billing purposes is one (1) minute.

4.4.1 Retail Card

4.4.2

	Maximum rate per minute: Maximum per call surcharge:	\$0.50 \$0.50
ı	Sponsor Card	
	Maximum rate per minute: Maximum per call surcharge:	\$0.50 \$0.50

ISSUED: September , 2000

EFFECTIVE: _____

ISSUED BY: Evan Phillips, President 1428 Brickell Avenue, Suite 100 Miami, Fl 33131

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** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF TELECOMMUNICATIONS BUREAU OF CERTIFICATION AND SERVICE EVALUATION

Application Form for Authority to Provide Interexchange Telecommunications Service Between Points Within the State of Florida

001781-1

Instructions

- This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- <u>Print or Type</u> all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of <u>\$250.00</u> to:

Florida Public Service CommissionDEPOSITDATEDivision of Records and ReportingD 3 96 •DEC 1 2 20002540 Shumard Oak Blvd.D 3 96 •DEC 1 2 2000Tallahassee, Florida 32399-0850(850) 413-6770

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

