

ORIGINAL

**** 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

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).
- ◆ Print or Type 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 **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT

DATE

D 3 96

DEC 12 2000

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

1. This is an application for (check one):

Original certificate (new company).

Approval of assignment/transfer of existing certificate:
Example, 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:
Example, 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.

4. 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

6. Select type of business your company will be conducting (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.
 - 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.
 - 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;

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

8. If individual, provide:

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:**

P99000059981

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: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** _____

15. Provide **F.E.I. Number** (if applicable): 65-0940037

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
() **Yes** () **No**

(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?

17. Who will receive the bills for your service?

() Residential Customers
() PATs providers
() Hotels & motels

() Business Customers
() PATs station end-users
() Hotel & motel guests

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

18. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: DAVID L. HATTON

Title: OUTSIDE COUNSEL

Address: 2250 SW 3rd AVE., 5th FLOOR

City/State/Zip: MIAMI, FLORIDA 33129

Telephone No.: 305-858-0220 Fax No.: 305-854-6810

Internet E-Mail Address: dhatton@netrox.net

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Cheryl Giles

Title: Controller

Address: 1428 BRICKELL AVE., SUITE 100

City/State/Zip: MIAMI, FL 33131

Telephone No.: 305-377-3534 Fax No.: _____

Internet E-Mail Address: GilesC@Inatel.com

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Same as above

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

19. List the 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.

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, BLUEWATER COMMUNICATIONS, INC. CURRENT CEO WAS CEO OF BLUEWATER COMMUNICATIONS, INC. COMPANY WAS SOLD TO ANOTHER COMPANY.

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

b. XX **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
- Method of access is FGB
- Method of access is FGD
- 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.)**

i. _____ **Travel service**

- Method of access is 950
- Method of access is 800

j. _____ **900 service**

k. _____ **Operator services**

- _____ 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 the applicant does not have audited financial statements,** it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** 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.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** 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.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent 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 OFFICIAL:

<u>Cheryl Coles</u>	<u>10-31-00</u>
Signature	Date
<u>CONTROLLER</u>	<u>305-377-3534</u>
Title	Telephone No.
Address: <u>1428 BRICKELL AVE., SUITE 100</u>	<u>305.377.9136.</u>
<u>MIAMI, FLORIDA 33131</u>	Fax No.

ATTACHMENTS:

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

**** APPENDIX A ****

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of

(Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address:

Fax No.

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 check one):

- (XX) The applicant will **not** collect deposits nor will it collect 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 OFFICIAL:

<u>Cheryl Cito</u>		<u>10-31-00</u>
Signature		Date
CONTROLLER		305-377-3534
Title		Telephone No.
Address: <u>1428 BRICKELL AVE., SUITE 100</u>		<u>305 377.9136</u>
<u>MIAMI, FLORIDA 33131</u>		Fax No.

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:

<u>Cheryl Cilio</u>	<u>10-31-00.</u>
Signature	Date
<u>Controller</u>	<u>305.377.3534</u>
Title	Telephone No.
Address: <u>1428 Brickell Ave</u>	<u>305 377.9136.</u>
<u>STE 100</u>	Fax No.
<u>M: Am: Fl. 33131.</u>	

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:

Cheryl Cals _____ 10-31-00 _____
Signature Date

Controller _____ 305 377.3534 _____
Title Telephone No.

Address: 1428 Brickell Ave 305 377.9136 _____
STE 100 Fax No.

M. Am. Fl 33131 _____

CHERYL DIANE GILES

1695 N. Bluebird Lane
Homestead, Florida 33035

(305) 247-6176

EXPERIENCE

- Mar. 1997 - **Bluewater Communication/iTELSA, Miami, FL**
June 1999 **Full Charge Bookkeeper/Controller/Office Manager**
Supervised five employees. Accounts Payable/Receivable, Payroll/Payroll Taxes, Financial Statements; all accounting functions.
- June 1995 - **Array Connector, Inc., Miami, FL**
Mar. 1997 **Head Bookkeeper**
Accounts Payable, Payroll/Payroll Taxes. Generated Financial Statements and processed journal entries into computer. Bank reconciliations.
- Feb. 1995 - **Harbor Course Golf Club, Key Largo, FL**
May 1995 **Office Manager**
Accounts Payable/Receivable, Payroll, General Ledger, and reconciling bank statements on Quick Books software program.
- Mar. 1992 - **Ocean Reef Club, Key Largo, FL**
Feb. 1995 **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 reconciliations, and Monthly Billing Report to Monroe County for Solid Waste and Utility Companies.
- Aug. 1990 - **Nature's Way Nursery, Miami, FL**
Sept. 1991 **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 - **Rossi International, Inc., Miami, FL**
Aug. 1990 **Head Bookkeeper**
All bookkeeping functions including preparation of year end papers and closing.
- Feb. 1973 - **Barnett Bank, Miami, FL**
July 1980 **Assistant Operations Officer**

COMPUTER EXPERIENCE

• Windows 98	• Excel 97	• Peachtree	• Lotus 1-2-3, 2.3
• MAS 90	• Macola	• NCR	• Quick Books

REFERENCES Available upon request

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of LINE ONE CORPORATION, a Florida corporation, filed on July 2, 1999, as shown by the records of this office.

The document number of this corporation is P99000059981.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Second day of July, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State



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: 072100000032

Account charged: 78.75

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

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

See separate instructions.

For calendar year 1999 or tax year

1999

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶ Shareholder's Name, Address, and ZIP Code STEPHEN W. DAVIS 7380 S.W. 27th PLACE APT. 2904 DAVIE, FL 33314	Corporation's identifying number ▶ 65-0940037 Corporation's Name, Address, and ZIP Code DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131
A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) 1.00000 %	
B Internal Revenue Service Center where corporation filed its return Atlanta, GA 39901-0013	
C Tax shelter registration number (see instructions for Schedule K-1)	
D Check applicable boxes: (1) <input type="checkbox"/> Final K-1 (2) <input type="checkbox"/> Amended K-1	

	(a) Pro rata share items	(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities 1	-1,101.	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	2 Net income (loss) from rental real estate activities 2		
	3 Net income (loss) from other rental activities 3		
	4 Portfolio income (loss):		Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f)
	a Interest 4a		
	b Ordinary dividends 4b		
	c Royalties 4c		
	d Net short-term capital gain (loss) 4d		
	e Net long-term capital gain (loss):		
	(1) 28% rate gain (loss) e(1)		Schedule D, line 12, col (g) Schedule D, line 12, col (f)
(2) Total for year e(2)			
f Other portfolio income (loss) (attach schedule) 4f		(Enter on applicable line of return.) See Shareholder's Instructions for Schedule K-1 (Form 1120S).	
5 Net Section 1231 gain (loss) (other than due to casualty or theft) 5		(Enter on applicable line of return.)	
6 Other income (loss) (attach schedule) 6			
Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	1.	Schedule A, line 15 or 16
	8 Section 179 expense deduction 8		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9 Deductions related to portfolio income (loss) (attach schedule) 9		
	10 Other deductions (attach schedule) 10		
Investment Interest	11 a Interest expense on investment debts 11 a		Form 4952, line 1 See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above ... b(1)		
	(2) Investment expenses included on line 9 above b(2)		
Credits	12 a Credit for alcohol used as fuel 12 a		Form 6478, line 10
	b Low-income housing credit:		Form 8586, line 5
	(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		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	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 13		

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a	9.
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
e Other adjustments and tax preference items (attach schedule)		14e	
Foreign Taxes	15a 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 (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	
Other	16 Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	
	17 Tax-exempt interest income	17	
	18 Other tax-exempt income	18	
	19 Nondeductible expenses	19	134.
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
	22 Recapture of low-income housing credit:		
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	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)		1.
TOTAL		1.	

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

1999

Department of the Treasury
Internal Revenue Service

See separate instructions.

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶ Shareholder's Name, Address, and ZIP Code	Corporation's identifying number ▶ 65-0940037 Corporation's Name, Address, and ZIP Code
TODD ECKSTEIN 9511 COLLINS AVE #1410 SURFSIDE, FL 33154	DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 15.00000 %
- B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
- C Tax shelter registration number (see instructions for Schedule K-1) ▶ _____
- D Check applicable boxes: (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:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -16,511.	See Shareholder's Instructions for Schedule K-1 (Form 1120S). Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f) Schedule D, line 12, col (g) Schedule D, line 12, col (f) (Enter on applicable line of return.) See Shareholder's Instructions for Schedule K-1 (Form 1120S). (Enter on applicable line of return.)
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a	
	b Ordinary dividends	4b	
	c Royalties	4c	
	d Net short-term capital gain (loss)	4d	
	e Net long-term capital gain (loss):		
	(1) 28% rate gain (loss)	e(1)	
(2) Total for year	e(2)		
f Other portfolio income (loss) (attach schedule)	4f		
5 Net Section 1231 gain (loss) (other than due to casualty or theft)	5		
6 Other income (loss) (attach schedule)	6		
Deductions	7 Charitable contributions (attach schedule)	7 8.	Schedule A, line 15 or 16
	8 Section 179 expense deduction	8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9 Deductions related to portfolio income (loss) (attach schedule)	9	
	10 Other deductions (attach schedule)	10	
Investment Interest	11a Interest expense on investment debts	11a	Form 4952, line 1 See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b(1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	
	(2) Investment expenses included on line 9 above	b(2)	
Credits	12a Credit for alcohol used as fuel	12a	Form 6478, line 10
	b Low-income housing credit:		Form 8586, line 5
	(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	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	e Credits related to other rental activities	12e	
13 Other credits	13		

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 132.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign Taxes	15a Type of income ▶		Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	See Instructions for Form 1116
Other	16 Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S). Form 1040, line 8b
	b Amount	16b	
	17 Tax-exempt interest income	17	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	18 Other tax-exempt income	18	
	19 Nondeductible expenses	19 2,007.	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
	22 Recapture of low-income housing credit:		Form 8611, line 8
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	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)		8.
TOTAL		8.	

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

See separate instructions.

1999

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶ Shareholder's Name, Address, and ZIP Code	Corporation's identifying number ▶ 65-0940037 Corporation's Name, Address, and ZIP Code
WILLIAM ROSARIO 69 N.W. 35 STREET MIAMI, FL 33127	DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 1.00000 %
 B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
 C Tax shelter registration number (see instructions for Schedule K-1) ▶
 D Check applicable boxes: (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:	
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -1,101.	See Shareholder's Instructions for Schedule K-1 (Form 1120S).	
	2 Net income (loss) from rental real estate activities	2		
	3 Net income (loss) from other rental activities	3		
	4 Portfolio income (loss):	a Interest	4a	Schedule B, Part I, line 1
		b Ordinary dividends	4b	Schedule B, Part II, line 5
		c Royalties	4c	Schedule E, Part I, line 4
		d Net short-term capital gain (loss)	4d	Schedule D, line 5, col (f)
		e Net long-term capital gain (loss):		
		(1) 28% rate gain (loss)	e(1)	Schedule D, line 12, col (g)
	(2) Total for year	e(2)	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)	5	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
6 Other income (loss) (attach schedule)	6	(Enter on applicable line of return.)		
Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	7 1.	Schedule A, line 15 or 16	
	8 Section 179 expense deduction	8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).	
	9 Deductions related to portfolio income (loss) (attach schedule)	9		
	10 Other deductions (attach schedule)	10		
Investment Interest	11 a Interest expense on investment debts	11 a	Form 4952, line 1	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	See Shareholder's Instructions for Schedule K-1 (Form 1120S).	
	(2) Investment expenses included on line 9 above	b(2)		
Credits	12 a Credit for alcohol used as fuel	12 a	Form 6478, line 10	
	b Low-income housing credit:	(1) From Section 42(j)(5) partnerships for property placed in service before 1990	b(1)	Form 8586, line 5
		(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	12 c		
	d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12 d	See Shareholder's Instructions for Schedule K-1 (Form 1120S).	
	e Credits related to other rental activities	12 e		
13 Other credits	13			

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

Schedule K-1 (Form 1120S) 1999

		(a) Pro rata share items	(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a	Depreciation adjustment on property placed in service after 1986	9.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b	Adjusted gain or loss		
	c	Depletion (other than oil and gas)		
	d (1)	Gross income from oil, gas, or geothermal properties		
	d (2)	Deductions allocable to oil, gas, or geothermal properties		
	e	Other adjustments and tax preference items (attach schedule)		
Foreign Taxes	15a	Type of income ▶		Form 1116, Check boxes
	b	Name of foreign country or U.S. possession ▶		Form 1116, Part I
	c	Total gross income from sources outside the United States (attach schedule)	15c	
	d	Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III See Instructions for Form 1116
	e	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f	Reduction in taxes available for credit (attach schedule)	15f	
	g	Other foreign tax information (attach schedule)	15g	
Other	16	Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b	Amount	16b	Form 1040, line 8b
	17	Tax-exempt interest income	17	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	18	Other tax-exempt income	18	
	19	Nondeductible expenses	134.	
	20	Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21	Amount of loan repayments for 'Loans from Shareholders'	21	
	22	Recapture of low-income housing credit:		Form 8611, line 8
a	From Section 42(j)(5) partnerships	22a		
b	Other than on line 22a	22b		
Supplemental Information	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) 1. TOTAL 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.

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.



Florida Corporate Income/Franchise and Emergency Excise Tax Return
 For calendar year 1999 or tax year beginning Jul 2, 1999 ending Dec 31, 1999

INTU
F-1120
 R 01/00

871421999123100020050372365094003700009

TAXPAYERS COPY

Name DEBIT ONE COMMUNICATIONS, INC.
 Address 1428 BRICKELL AVENUE, FIRST FLOOR
 Address
 City MIAMI State FL ZIP Code 33131
 Check here if any changes have been made to name or address

FEIN 65-0940037

Computation of Florida Net Income and Emergency Excise Tax

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)	8	
9	Florida exemption	9	0.
10	Florida net income (line 7 plus line 8 minus line 9)	10	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.
	<input type="checkbox"/> 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	20	

FLCA0512 12/14/99

Payment Coupon

INTU
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

Name DEBIT ONE COMMUNICATIONS, INC. Check here if you transmitted funds electronically

Address 1428 BRICKELL AVENUE, FIRST FLOOR Check here if you do not want the Department to send you a form next year (*see page 2)

Address
 City MIAMI State FL ZIP Code 33131

650940037	0	0	0
19990702	0	0	0
19991231	0	0	0
00000000	0	000	0
003	0	000	0
212	0	0	0
0	0	0	0
0	000	0	0

8714 2 19991231 0002005037 2 3650940037 0000 9

the Internal Revenue Service (c) an attorney or CRA qualified to practice before the IRS under Reg. 1.601-2(b)(1) 89-332.

Six Month Extension of Time Request

1	Tentative amount of Florida tax for the taxable year	1	0.
2	Less: Estimated tax payments for the taxable year	2	
3	Balance due - 100% of the tax tentatively determined due must be paid with this extension request	3	0.

Transfer the amount in line 3 to Tentative Tax Due below.

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

Intangible Tax Notice - See Florida Form F-1120 Instructions, section titled 'Intangible Tax Filing Option.'

A Has Form 7004 or 8736 been filed with the Internal Revenue Service for the taxable year? Yes No

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.

B If applicable, state in detail the reason the extension is needed:

C Does this application also cover subsidiaries to be included in a Florida consolidated return? Yes No

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

D Type of federal return filed: Form 1120-S

Contact person for questions ... EVAN PHILLIPS

Phone number ... (305) 377-3534

Do Not Detach

Make checks payable and mail to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0135

Florida Department of Revenue - Corporate Income Tax Florida Tentative Income/Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return

Form F-7004 INTU R 01/00

FEIN 65-0940037 DEBIT ONE COMMUNICATIONS, INC. 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI FL 33131

Under penalties of perjury, I declare that I have been authorized by the taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct.

Sign Here: [Signature] Date: 3/26/00 FLCZ0201 12/14/99

Check here if you transmitted funds electronically

650940037

19991231

003

0

000

(Rev. July 1998) Department of the Treasury Internal Revenue Service

Name of Corporation: DEBIT ONE COMMUNICATIONS, INC. Employer Identification Number: APPLIED FOR

Number, Street, and Room or Suite Number (If a P.O. box or outside of the United States, see instructions.): 1428 BRICKELL AVENUE, FIRST FLOOR

City or Town: MIAMI State: FL ZIP Code: 33131

Check type of return to be filed: Form 1120, Form 1120-A, Form 1120-F, Form 1120-FSC, Form 1120-H, Form 1120-L, Form 1120-ND, Form 1120-PC, Form 1120-POL, Form 1120-REIT, Form 1120-RIC, Form 1120S (checked), Form 1120-SF

Form 990-C Form 990-T Note: Other 990 filers (i.e., Form 990, 990-EZ, 990-BL, 990-PF, and certain filers of Form 990-T (see instructions)) must use Form 2758 to request an extension of time to file.

Form 1120-F filers: Check here if you do not have an office or place of business in the United States

1 a I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sep 15, 2000, to file the income tax return of the corporation named above for calendar year 1999 or tax year beginning and ending

b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period, Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Table with 3 columns: Name and address of each member of the affiliated group, Employer ID number, Tax period. The table is currently empty.

3 Tentative tax (see instructions) 3
4 Credits:
a Overpayment credited from prior year 4 a
b Estimated tax payments for the tax year 4 b
c Less refund for the tax year applied for on Form 4465 4 c
d Credit for tax paid on undistributed capital gains (Form 2439) 4 d
e Credit for federal tax on fuels (Form 4136) 4 e
f Credit for federal tax on fuels (Form 4136) 4 f
5 Total. Add lines 4d through 4f 5
6 Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal Tax Deposit (FTD) Coupon (see instructions) 6

Signature - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Eden B... (Signature of Officer or Agent)

CDA (Title)

3/13/00 (Date)



DEBIT ONE COMMUNICATIONS, INC.

FEIN 65-0940037

This return is deemed incomplete unless a copy of the federal return is attached.
A return that is not signed, or improperly signed and verified, will be subject to the failure to file return penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here		Signature of Officer (must be an original signature.)	Date	Title	Preparer's SSN or PTIN
Paid Preparer's Only	Preparer's Signature	<i>Evan Brody, CPA</i>	Date		Preparer check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and Address	Evan J. Brody, P.A. 4000 Towerside Ter., Suite 1109 Miami	3/31/00		Preparer's SSN or PTIN
				FL	FEIN 65-0538367 ZIP Code 33138

All Taxpayers are Required to Answer Questions A Through M Below as Appropriate – See Instructions

<p>A State of incorporation: <u>FL</u></p> <p>B Florida Secretary of State Document No.: <u>P99000059981</u></p> <p>C Florida consolidated return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>D <input checked="" type="checkbox"/> Initial Return <input type="checkbox"/> Final Return (final federal return filed)</p> <p>E Taxpayer election Section 220.03(5), F.S. <input checked="" type="checkbox"/> General Rule <input type="checkbox"/> Election A <input type="checkbox"/> Election B</p> <p>F North American Industry Classification System (NAICS) code (as pertains to Florida) What business activity does your organization primarily conduct? <u>513300</u></p> <p>G A Florida extension of time was timely filed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach copy of Florida Form F-7004.</p>	<p>H-1 Corporation is a member of a controlled group? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach list. Parent Corp: <u>N/A</u> FEIN: _____</p> <p>H-2 Part of a federal consolidated return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>H-3 The federal common parent has sales, property or payroll in Florida? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>H-4 Corporation is a qualified subchapter S subsidiary for this tax year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach a schedule identifying S corporation parent and the effective date of the election.</p> <p>I Location of corporate books: _____ <u>1428 BRICKELL AVE</u> <u>MIAMI</u> <u>FL</u></p> <p>J Taxpayer is a member of a Florida partnership or joint venture? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>K(1) Intangible tax notice: _____ (2) Just value per share: \$ _____</p> <p>L Contact person and telephone for questions concerning this return: <u>ANDREW TAPLIN</u> <u>(305) 377-3534</u></p> <p>M Type of federal return filed <input type="checkbox"/> 1120, <input type="checkbox"/> 1120A, <input checked="" type="checkbox"/> 1120S, or _____</p>
---	--

- ✓ 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



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

Schedule A - Computation of Emergency Excise Tax table with 20 rows and 3 columns (line number, description, amount).

Schedule I - Additions and/or Adjustments to Federal Taxable Income table with 10 rows and 3 columns (line number, description, Column (a) For Page 1, Column (b) For Schedule VI, AMT).



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

Schedule II — Subtractions from Federal Taxable Income		Column (a) For Page 1	Column (b) For Schedule VI, AMT
1 a Enter Section 78 IRC income \$ _____ \$ _____	b plus Section 862 IRC dividends c less direct & indirect expenses \$ _____		
Total ▶ 1			
2 a Enter Section 951 IRC subpart F income \$ _____ b less direct and indirect expenses \$ _____	Total ▶ 2		
Note: Taxpayers doing business both within and without Florida enter zero on lines 3, 4 and 5 and complete line 4 of Schedule IV.			
3 Florida net operating loss carryover deduction (see instructions)	3		
4 Florida net capital loss carryover deduction (see instructions)	4		
5 Florida excess charitable or employee benefit plan contribution carryover (see instructions)	5		
6 Non-business income (from line 3, Schedule R)	6		
7 Eligible net income of an international banking facility (see instructions)	7		
8 Other subtractions (attach statement)	8		
9 Total lines 1 through 8 in columns a and b. Enter totals for each column on line 9. Column a total is also entered on page 1, line 5 (of the F-1120 return). Column b total is also entered on Schedule VI, line 5	9		

Schedule III — Apportionment of Adjusted Federal Income					
Form F-1120	III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.				
	Note: If any factor in column (b) is zero, see instructions.	(a) Within Florida	(b) Total Everywhere	(c) Col (a) ÷ Col (b) Rounded to 6 Decimals	(d) Florida Factors Rounded to 6 Decimals
1	Average value of property			x 25% =	
2	Payroll			x 25% =	
3	Sales (Schedule III-C below) ...			x 50% =	
4	Apportionment fraction (sum of lines 1, 2, and 3, column (d)). Enter here and on line 2, Schedule IV				
III-B For use in computing average value of property. (Use original cost)		Within Florida		Total Everywhere	
		a Beginning of Year	b End of Year	a Beginning of Year	b End of Year
1	Inventories of raw material, work in process, finished goods				
2	Buildings and other depreciable assets				
3	Land owned				
4	Other tangible and intangible (financial organizations only) assets (attach schedule)				
5	Total (lines 1 through 4)				
6	Average value of property (add line 5, columns (a) and (b) and divide by 2 (for Within Florida and Total Everywhere))				
7	Rented property (8 times net annual rent)				
8	Total (lines 6 & 7). Enter on line 1, Schedule III-A, column (a) & (b)				
		Average Florida		Average Everywhere	
III-C Sales Factor				Total Within Florida (omit cents)	Total Everywhere (omit cents)
1	Sales (gross receipts)	1			
2	Sales delivered or shipped to Florida purchasers	2			
3	Other gross receipts (rents, royalties, interest, etc when applicable)	3			
4	Total sales	4			
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 companies (attach copy of Schedule T — Annual Report)				
2	Transportation services				



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

Schedule IV – Computation of Florida Portion of Adjusted Federal 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	4
5 Adjusted federal income apportioned to Florida (line 3 less line 4, see instructions)	5	5

Schedule V – Credits Against the Corporate Income/Franchise Tax

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	13	
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	19	0.

Schedule VI – Computation of Florida Alternative Minimum Tax (AMT)

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	4	
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 exemption	9	
10 Florida net income (line 7 plus line 8 minus line 9)	10	
11 Florida alternative minimum tax due (3.3% of line 10). See instructions for line 11, page 1	11	0.



DEBIT ONE COMMUNICATIONS, INC.

65-0940037

Schedule R – Non-business Income

Line 1. Non-business Income (Loss) Allocated to Florida

Type	Amount
Total allocated to Florida. (Enter here and on line 8, page 1, F-1120 or Schedule VI, line 8 for AMT.)	1

Line 2. Non-business Income (Loss) Allocated Elsewhere

Type	State/Country Allocated to	Amount
Total allocated elsewhere		2

Line 3. Total Non-business Income

Grand Total. Total of lines 1 and 2. (Enter here and on line 6, Schedule II.) 3

Estimated Tax Worksheet

For Taxable Years Beginning on or After January 1, 2000

1	Florida income expected in taxable year	1	\$	_____
2	Florida exemption \$5,000 (members of a controlled group, see instructions)	2	\$	_____
3	Estimated Florida net income (line 1 less line 2)	3	\$	_____
4	Total estimated Florida tax (5.5% of line 3)*		\$	_____
	Less: credits against the tax		\$	_____
5	Estimated Emergency Excise Tax	5	\$	_____
6	Total Corporate and Emergency Excise Tax (line 4 plus line 5)	6	\$	_____
	If line 6 is more than \$2,500, file installment as computed on line 7; if \$2,500 or less, no declaration is required.			
	* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
7	Computation of installments:			
	If declaration is due to be filed on:	1st day of 5th month – Enter 1/4	Enter amount of line 6 here and on line 1 of installment 1 and subsequent installments	7 \$ _____
		1st day of 7th month – Enter 1/3		
		1st day of 10th month – Enter 1/2		
		1st day after close of fiscal year		

Note: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration.

1	Amended estimated tax. Enter here and on Item 1 of the appropriate installment	1	\$	_____
2	Less:			
	a Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a	\$	_____
	b Payments made on estimated tax declaration	2b	\$	_____
	c Total of lines 2a and 2b	2c	\$	_____
3	Unpaid balance (line 1 less line 2c)	3	\$	_____
4	Amount to be paid (line 3 divided by number of remaining installments)	4	\$	_____



FEIN 65-0940037

2000 Florida Intangible Personal Property Tax Return for Corporation, Partners and Fiduciary Filers as of January 1, 2000

TAXPAYERS COPY

INTU DR-601C R. 01/00

Name DEBIT ONE COMMUNICATIONS, INC.
Address 1428 BRICKELL AVENUE, FIRST FLOOR
City/State/ZIP MIAMI FL 33131

8714000301003015036509400372

Filing status CORP Address changes Amended return Bank/trust DOR Use Only

Table with 4 columns: Identification Number, Value, Code, and Total. Rows include 650940037, 00000000, 0, 5, 00, 0, and a total of 19800.

Schedule A

Schedule A table with 3 columns: Description, Amount, and Total. Includes items like Accounts receivable, Loans and notes receivable, Bonds, Stocks, etc., with a total due of 198.00.

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss. 199.232(2); 92.525(2); and 837.06, F.S.).

Signature of Officer: Dan B... Date: 3/31/00 Telephone Number: (305) 377-3534 Preparer's SSN or FEIN or PTIN: 65-0538367

Payment Coupon 2000 Florida Intangible Tax Do Not Detach

Return and payment must be postmarked no later than June 30, 2000, to avoid penalty and interest.

FEIN 65-0940037 DEBIT ONE COMMUNICATIONS, INC. 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI FL 33131

Check here if you transmitted funds electronically. Check here if you do not want the department to send you a form next year.

Make check payable and mail to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee Florida 32399-0140

Payment coupon table with 4 columns: Identification Number, Value, Code, and Total. Rows include 650940037, 00000000, 0, 5, 00, 0, and a total of 19800.

Important Information Required

1 If this is your first time filing an intangible tax return, please complete the following:

Date of incorporation 07/02/99
Date you began business in Florida 07/02/99

2 If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

Filing Status

- Fiduciary
Affiliated group of corporations
Partnership
Corporation
Final return
Information return only
Trustee

3 If your name/address has changed or is incorrect, please complete the following:

Name of taxpayer(s)
Attention or in care of
New address
City/State/ZIP
Telephone number Signature

Accounts Receivable Worksheet, Tax Calculation Worksheet, Tax Credit Worksheet tables with columns for description, total, and result.

Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: (see Information Notices in the instructions)

- 1 We hereby certify this corporation is not required to file a notice of stock value...
2 We hereby certify this corporation's Florida stockholders were notified...
3 [X] We hereby certify this corporation elects to pay the intangible tax...
4 We hereby certify this corporation has no Florida stockholders.

Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value reported for the company's shares is a reasonable market value.

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.

State law requires a service fee for returned checks or drafts of \$15.00 or 5% of the face amount, whichever is greater, not to exceed \$150.00.

* Do you want a personalized package? (page 1) Many taxpayers and preparers prefer to use Department approved software to generate returns.

Note: Even if you check the box on page 1 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.

Include These Schedules with Your Tax Return

FEIN

Name: DEBIT ONE COMMUNICATIONS, INC.

65-0940037

Schedule B	Loans and Notes Receivable	Total Taxable Amount January 1, 2000
Loans receivable		
Notes receivable		
Other		
17 Total of Schedule B (Enter on Schedule A, line 2.)		17

Schedule C	Bonds						Total Taxable Amount January 1, 2000 (G)
Name of Issuer, Series (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)		
18 Total of Schedule C (Enter on Schedule A, line 3.)							18

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).

DEBIT ONE COMMUNICATIONS, INC.

65-0940037

Schedule D Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in any Trust The law provides for a specific penalty of 10% for omitted and/or undervalued stock.

Name of Company Issuing Stocks (List alphabetically – do not abbreviate) (A)	Class C = Common P = Preferred (B)	Number of Shares (C)	Just Value Per Share (D)	Total Just Value January 1, 2000 (E)

19 Total of Schedule D (Enter on Schedule A, line 4.) 19

Schedule E Corporations Only – Paying as Agent for Florida Stockholders

Class 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 Amount January 1, 2000 (5)
Common	250.00	250.00	-489.6600	0.	0.
Preferred				0.	0.
Other				0.	0.
Loans and Advances from Florida Stockholders					80,860.

20 Total of Schedule E (Enter on Schedule A, line 5.) 20 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).

FLCZ0134 11/09/99

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				14,845.
2a Trade notes and accounts receivable			161,496.	
b Less allowance for bad debts				161,496.
3 Inventories		0.		103,912.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets			43,851.	
b Less accumulated depreciation			2,724.	41,127.
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)			100.	
b Less accumulated amortization				100.
14 Other assets (attach schedule)				
15 Total assets		0.		321,480.
Liabilities and Shareholders' Equity				
16 Accounts payable				251,884.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach sch) Ln. 18 St				11,151.
19 Loans from shareholders				80,860.
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule) Ln. 21 St				100,000.
22 Capital stock				50.
23 Additional paid-in capital				250.
24 Retained earnings				-122,715.
25 Adjustments to shareholders' equity (attach schedule)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity				321,480.

Schedule M-1 Reconciliation of Income (Loss) per Books with Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Net income (loss) per books	-122,715.	5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2 Income included on Sch K, lines 1 through 6, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6 Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	790.
b Travel and entertainment \$ 13,382.	13,382.	7 Add lines 5 and 6	790.
4 Add lines 1 through 3	-109,333.	8 Income (loss) (Schedule K, ln 23). Ln 4 less ln 7	-110,123.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	0.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	110,073.		
5 Other reductions See Schedule M-2, Other Reductions	13,432.		
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 line 6	-123,505.		

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.

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

PROPERTY ADDRESS: 1428 BRICKELL AVE
 OLIO : 40 053107 STORE #:
 REAL ESTATE FOLIO: 01-0209-090-1030

100

2000
NEW
002197

TAXPAYERS COPY

Tangible Personal Property Tax Return
 Confidential §§193.074 F.S.
 As Required by §§193.052 & 193.062 F.S. Return to
 County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of MIAMI-DADE

Business Name (DBA - Doing Business As) and Mailing Address

MIAMI-DADE PROPERTY APPRAISER
 111 NW 1 ST., STE 710
 MIAMI, FL 33128-1984



DEBIT ONE COMMUNICATIONS
 1428 BRICKELL AVE STE 100
 MIAMI FL
 33131

Federal Employer Iden. No

65-0940037

Social Security Number

 - -

SIC

name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.
 incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name Andrew Taplin Telephone (305) 377-3534
 Corporate Name Debit One Communications, Inc.

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

1428 Brickell Avenue, First Floor, Miami, FL

3. Is your business or farm located within the incorporated limits of a City? Yes No

What City? Miami

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No

Please Show name Exactly as it Appeared on Your most recant Personal Property Tax Bill or
 Other Current Tax Return. N/A

5. Date you began business in this county: 7/2/99 Fiscal year: 12/31

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes No N/A

6. Describe Type or Nature of Your Business: Phone Cord Saks

7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
 Professional Service Agriculture Leasing/Rental Other

8. Did you file a Tangible Personal Property Return in this county last Year? Yes No
 If so, under what name and where?

9. Former owner of the Business: None

9a. If Business sold, to whom? N/A
 Date Sold N/A

PERSONAL PROPERTY SUMMARY	TAXPAYER'S ESTIMATE	ORIGINAL	APPRAISER'S
THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	OF FAIR MARKET VALUE	INSTALLED COST	USE ONLY
10. Office Furniture & Office Machines & Library	27,411	30,514	
11. EDP Equipment, Computers, Word Processors	10,670	13,337	
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	38,081	43,851	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
 () TOTAL DISABILITY () OTHER

DATE _____ TITLE President

TAXABLE VALUE DEPUTY PENALTY

SIGNED _____ (TAXPAYER)
 SIGNED Elan Burel (PREPARER)
 ADDRESS 4000 Bowerside Ter #1109, Miami, FL 33138
 PHONE NO. (305) 895-0183 PREPARER'S I.D. # 65-0538307

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1, UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.

TAXPAYERS COPY

PROPERTY ADDRESS: 1428 BRICKELL AVE
 OLIO : 40 053109 STORE #:
 REAL ESTATE FOLIO: 01-0209-090-1030

100

2000
 NEW
 002186

Tangible Personal Property Tax Return
 Confidential §§193.074 F.S.
 As Required by §§193.052 & 193.062 F.S. Return to
 County Property Appraiser By April 1 to Avoid Penalties
 State of Florida, County of MIAMI-DADE

Business Name (DBA - Doing Business As) and
 Mailing Address



COMMUNICATION SHOP COM
 1428 BRICKELL AVE STE 100
 MIAMI FL
 33131

MIAMI-DADE PROPERTY APPRAISER
 111 NW 1 ST., STE 710
 MIAMI, FL 33128-1984

Federal Employer Iden. No

65-0940037

Social Security Number

000-000-0000

*** (No Return Required in 2001) ***

Name and address is incorrect make necessary correction

RE: All Taxable Assets reported under Debit One Comm. SIC

This return subject to audit with all records kept by you.
 Incomplete entries are subject to penalties.

- 5. Date you began business in this county: 7/2/99 Fiscal year: 12/31
- 5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes No -N/A
- 6. Describe Type or Nature of Your Business: Phone Card Sales
- 7. Trade Level (Check as many as apply) Retail Wholesale Manufacturing
 Professional Service Agriculture Leasing/Rental Other
- 8. Did you file a Tangible Personal Property Return in this county last Year? Yes No
 If so, under what name and where? _____
- 9. Former owner of the Business: None
- 9a. If Business sold, to whom? N/A
 Date Sold N/A

- 1. Please give name and telephone number of Owner or Person in charge of this Business.
 Name Andrew Taplin Telephone (305) 377-3534
 Corporate Name Debit One Communications, Inc.
- 2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)
1428 Brickell Ave, First Floor, Miami, FL
- 3. Is your business or farm located within the incorporated limits of a City? Yes No
 What City? Miami
- 4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No
 Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or
 Other Current Tax Return. Debit One Communications

PERSONAL PROPERTY SUMMARY

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY
10. Office Furniture & Office Machines & Library			
11. EDP Equipment, Computers, Word Processors			
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stoves, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.			
20. Leasehold improvements must be grouped by type, year of installation and description			
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale			
24. Other - Please Specify			
TOTAL PERSONAL PROPERTY	0	0	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE _____ TITLE President
 SIGNED _____ (TAXPAYER)
 SIGNED Dian Bush (PREPARER)
 ADDRESS 4000 Towerside Ter. #109, Miami, FL
 PHONE NO. (305) 895-0183 PREPARER'S I.D. # 65-0532367

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
 () TOTAL DISABILITY () OTHER

TAXABLE VALUE
 DEPUTY _____ PENALTY _____

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1, UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.

DOCUMENT # P9900000981

1. Entity Name

DEBIT ONE COMMUNICATIONS, INC.

TAXPAYERS COPY

Principal Place of Business

Mailing Address

1428 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

1428 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131-3411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "reinstating")

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11

TITLE: D Delete
NAME: TAPLIN, ANDREW
STREET ADDRESS: 1428 BRICKELL AVE., 7TH FLOOR
CITY-ST-ZIP: MIAMI FL 33131

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D Delete
NAME: PHILLIPS, EVAN B
STREET ADDRESS: 1428 BRICKELL AVE., 7TH FLOOR
CITY-ST-ZIP: MIAMI FL 33131

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DEBIT ONE COMMUNICATIONS, INC.
TAX RETURNS
FOR THE YEAR ENDED DECEMBER 31, 1999**

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				14,845.
2a	Trade notes and accounts receivable			161,496.	
	b Less allowance for bad debts				161,496.
3	Inventories		0.		103,912.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets			43,851.	
	b Less accumulated depreciation			2,724.	41,127.
11a	Depletable assets				
	b Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)			100.	
	b Less accumulated amortization				100.
14	Other assets (attach schedule)				
15	Total assets		0.		321,480.
Liabilities and Shareholders' Equity					
16	Accounts payable				251,884.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach sch) Ln 18 St				11,151.
19	Loans from shareholders				80,860.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule) Ln 21 St				100,000.
22	Capital stock				50.
23	Additional paid-in capital				250.
24	Retained earnings				-122,715.
25	Adjustments to shareholders' equity (attach schedule)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity				321,480.

Schedule M-1 Reconciliation of Income (Loss) per Books with Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1	Net income (loss) per books	-122,715.	5	Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2	Income included on Sch K, lines 1 through 6, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize):	
	a Depreciation \$		a	Depreciation \$ 790.	790.
	b Travel and entertainment \$ 13,382.		7	Add lines 5 and 6	790.
		13,382.	8	Income (loss) (Schedule K, ln 23). Ln 4 less ln 7	-110,123.
4	Add lines 1 through 3	-109,333.			

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	0.	
2	Ordinary income from page 1, line 21		
3	Other additions		
4	Loss from page 1, line 21	110,073.	
5	Other reductions See Schedule M-2, Other Reductions	13,432.	
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 line 6	-123,505.	

Depreciation and Amortization
(Including Information on Listed Property)

1999
67

Department of the Treasury
Internal Revenue Service (99)

▶ See instructions.
▶ Attach this form to your return.

Name(s) Shown on Return DEBIT ONE COMMUNICATIONS, INC.	Business or Activity to Which This Form Relates Form 1120S Line 21	Identifying Number 65-0940037
--	--	---

Part I Election to Expense Certain Tangible Property (Section 179)
(Note: If you have any 'listed property,' complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$19,000.
2 Total cost of Section 179 property placed in service. See instructions	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter amount from line 27	7	
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	▶ 13	

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

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		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						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property) (See instructions)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See instructions)

20 Listed property. Enter amount from line 26	20	
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	

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.

Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23 a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23 b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost
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							26	
27 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 vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (Do not include commuting miles — see instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more 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 than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 treat all use of vehicles by employees as personal use?		
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?		
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 VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999				41	
42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return				42	

Form 1120S, Page 1, Line 19

Other Deductions

SUPPLIES	5,528.
DESIGN SERVICES	1,270.
AUTOMOBILE EXPENSE (BUSINESS)	13,773.
BANK CHARGES	3,583.
CELLULAR EXPENSE	5,767.
OUTSIDE COMMISSIONS	1,000.
COMPUTER EXPENSE	2,885.
OUTSIDE SERVICES	7,898.
COURIER SERVICE	106.
TRANSACTION PROCESSING	2,402.
CUSTOMER SERVICE EXPENSES	3,476.
DUES & SUBSCRIPTIONS	838.
MEALS AND ENTERTAINMENT (50%)	13,382.
FUEL EXPENSE	964.
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	310.
Total	<u>123,396.</u>

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>11,151.</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.
Total		<u>100,000.</u>

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

Schedule M-2, Other Reductions

CHARITABLE CONTRIBUTIONS	50.	
TRAVEL AND ENTERTAINMENT	13,382.	
Total	<u>13,432.</u>	

Supporting Statement of:

Form 1120S p1-2/Line 12

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

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	<u>80,860.</u>

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

See separate instructions.

1999

Department of the Treasury
Internal Revenue Service

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶

Shareholder's Name, Address, and ZIP Code

ANDREW S. TAPLIN
635 EUCLID AVENUE, APT. 109
MIAMI BEACH, FL 33139

Corporation's identifying number ▶ 65-0940037-

Corporation's Name, Address, and ZIP Code

DEBIT ONE COMMUNICATIONS, INC.
F/K/A LINE ONE CORPORATION
1428 BRICKELL AVENUE, FIRST FLOOR
MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 37.50000 %
 B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
 C Tax shelter registration number (see instructions for Schedule K-1) ▶
 D Check applicable boxes: (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:		
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -41,277.	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	2 Net income (loss) from rental real estate activities	2			
	3 Net income (loss) from other rental activities	3			
	4 Portfolio income (loss):	a Interest	4a	Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f)	
		b Ordinary dividends	4b		
		c Royalties	4c		
		d Net short-term capital gain (loss)	4d		
		e Net long-term capital gain (loss):	(1) 28% rate gain (loss)		e(1)
			(2) Total for year		e(2)
		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)	5	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	6 Other income (loss) (attach schedule)	6	(Enter on applicable line of return.)		
	Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	7 16.	Schedule A, line 15 or 16	
8 Section 179 expense deduction		8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
9 Deductions related to portfolio income (loss) (attach schedule)		9			
10 Other deductions (attach schedule)		10			
Investment Interest	11 a Interest expense on investment debts	11 a	Form 4952, line 1 See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)			
	(2) Investment expenses included on line 9 above	b(2)			
Credits	12 a Credit for alcohol used as fuel	12 a	Form 6478, line 10		
	b Low-income housing credit:	(1) From Section 42(j)(5) partnerships for property placed in service before 1990	b(1)	Form 8586, line 5	
		(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	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	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	13			

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 329.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign Taxes	15a Type of income ▶		Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III See Instructions for Form 1116
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	
Other	16 Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	Form 1040, line 8b
	17 Tax-exempt interest income	17	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	18 Other tax-exempt income	18	
	19 Nondeductible expenses	19 5,019.	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	Form 8611, line 8
	22 Recapture of low-income housing credit:		
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	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) TOTAL		16. 16.

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

See separate instructions.

1999

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶	Corporation's identifying number ▶ 65-0940037
Shareholder's Name, Address, and ZIP Code EVAN B. PHILLIPS 1000 QUAYSIDE TERRACE #1610 MIAMI, FL 33138	Corporation's Name, Address, and ZIP Code DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 37.50000 %
 B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
 C Tax shelter registration number (see instructions for Schedule K-1) ▶
 D Check applicable boxes: (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:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -41,277.	See Shareholder's Instructions for Schedule K-1 (Form 1120S). Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f) Schedule D, line 12, col (g) Schedule D, line 12, col (f) (Enter on applicable line of return.) See Shareholder's Instructions for Schedule K-1 (Form 1120S). (Enter on applicable line of return.)
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a	
	b Ordinary dividends	4b	
	c Royalties	4c	
	d Net short-term capital gain (loss)	4d	
	e Net long-term capital gain (loss):		
	(1) 28% rate gain (loss)	e(1)	
(2) Total for year	e(2)		
f Other portfolio income (loss) (attach schedule)	4f		
5 Net Section 1231 gain (loss) (other than due to casualty or theft)	5		
6 Other income (loss) (attach schedule)	6		
Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	7 19.	Schedule A, line 15 or 16
	8 Section 179 expense deduction	8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9 Deductions related to portfolio income (loss) (attach schedule)	9	
	10 Other deductions (attach schedule)	10	
Investment Interest	11 a Interest expense on investment debts	11 a	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	
	(2) Investment expenses included on line 9 above	b(2)	
Credits	12 a Credit for alcohol used as fuel	12 a	Form 6478, line 10
	b Low-income housing credit:		Form 8586, line 5
	(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	12 c	
	d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12 d	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
e Credits related to other rental activities	12 e		
13 Other credits	13		

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 330.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign Taxes	15a Type of income		Form 1116, Check boxes
	b Name of foreign country or U.S. possession		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	See Instructions for Form 1116
Other	16 Section 59(e)(2) expenditures: a Type		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	Form 1040, line 8b
	17 Tax-exempt interest income	17	
	18 Other tax-exempt income	18	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	19 Nondeductible expenses	19 5,018.	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
	22 Recapture of low-income housing credit:		Form 8611, line 8
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	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)		19.
TOTAL		19.	

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

See separate instructions.

1999

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶	Corporation's identifying number ▶ 65-0940037
Shareholder's Name, Address, and ZIP Code JONATHAN B. WEINER 265 EAST 66 STREET APT. 35B NEW YORK, NY 10021	Corporation's Name, Address, and ZIP Code DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 5.00000 %
 B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
 C Tax shelter registration number (see instructions for Schedule K-1) ▶
 D Check applicable boxes: (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:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -5,504.	See Shareholder's Instructions for Schedule K-1 (Form 1120S). Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f) Schedule D, line 12, col (g) Schedule D, line 12, col (f) (Enter on applicable line of return.) See Shareholder's Instructions for Schedule K-1 (Form 1120S). (Enter on applicable line of return.)
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a	
	b Ordinary dividends	4b	
	c Royalties	4c	
	d Net short-term capital gain (loss)	4d	
	e Net long-term capital gain (loss):		
	(1) 28% rate gain (loss)	e(1)	
	(2) Total for year	e(2)	
	f Other portfolio income (loss) (attach schedule)	4f	
	5 Net Section 1231 gain (loss) (other than due to casualty or theft)	5	
6 Other income (loss) (attach schedule)	6		
Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	7 3.	Schedule A, line 15 or 16
	8 Section 179 expense deduction	8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9 Deductions related to portfolio income (loss) (attach schedule)	9	
	10 Other deductions (attach schedule)	10	
Investment Interest	11a Interest expense on investment debts	11a	
	b(1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	
	(2) Investment expenses included on line 9 above	b(2)	
Credits	12a Credit for alcohol used as fuel	12a	Form 6478, line 10
	b Low-income housing credit:		Form 8586, line 5
	(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	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	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	13		

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 44.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign Taxes	15a Type of income		Form 1116, Check boxes
	b Name of foreign country or U.S. possession		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	See Instructions for Form 1116
Other	16 Section 59(e)(2) expenditures: a Type		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	Form 1040, line 8b
	17 Tax-exempt interest income	17	
	18 Other tax-exempt income	18	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	19 Nondeductible expenses	19 669.	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
	22 Recapture of low-income housing credit:		Form 8611, line 8
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	23 Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space is needed):		
	LINE 7 - CHARITABLE CONTRIBUTIONS:		3.
	VARIOUS CHARITABLE ORGANIZATION (50% AGI)		3.
	TOTAL		

Schedule K-1
(Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc

OMB No. 1545-0130

See separate instructions.

1999

Department of the Treasury
Internal Revenue Service

For calendar year 1999 or tax year

beginning Jul 2, 1999, and ending Dec 31, 1999

Shareholder's identifying number ▶	Corporation's identifying number ▶ 65-0940037
Shareholder's Name, Address, and ZIP Code PHILLIP DESMARAIS 2931 S.W. 87th TER #1922 DAVIE, FL 33328	Corporation's Name, Address, and ZIP Code DEBIT ONE COMMUNICATIONS, INC. F/K/A LINE ONE CORPORATION 1428 BRICKELL AVENUE, FIRST FLOOR MIAMI, FL 33131

- A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ▶ 3.00000 %
 B Internal Revenue Service Center where corporation filed its return ▶ Atlanta, GA 39901-0013
 C Tax shelter registration number (see instructions for Schedule K-1) ▶
 D Check applicable boxes: (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:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 -3,302.	See Shareholder's Instructions for Schedule K-1 (Form 1120S). Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f) Schedule D, line 12, col (g) Schedule D, line 12, col (f) (Enter on applicable line of return.) See Shareholder's Instructions for Schedule K-1 (Form 1120S). (Enter on applicable line of return.)
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		
	a Interest	4a	
	b Ordinary dividends	4b	
	c Royalties	4c	
	d Net short-term capital gain (loss)	4d	
	e Net long-term capital gain (loss):		
	(1) 28% rate gain (loss)	e(1)	
(2) Total for year	e(2)		
f Other portfolio income (loss) (attach schedule)	4f		
5 Net Section 1231 gain (loss) (other than due to casualty or theft)	5		
6 Other income (loss) (attach schedule)	6		
Deductions	7 Charitable contributions (attach schedule) SEE LINE 23	7 2.	Schedule A, line 15 or 16
	8 Section 179 expense deduction	8	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9 Deductions related to portfolio income (loss) (attach schedule)	9	
	10 Other deductions (attach schedule)	10	
Investment Interest	11 a Interest expense on investment debts	11 a	Form 4952, line 1 See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	
	(2) Investment expenses included on line 9 above	b(2)	
Credits	12a Credit for alcohol used as fuel	12a	Form 6478, line 10
	b Low-income housing credit:		Form 8586, line 5
	(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	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	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	13		

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

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 26.	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign Taxes	15a Type of income ▶		Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶		Form 1116, Part I
	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): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	Form 1116, Part II
	f Reduction in taxes available for credit (attach schedule)	15f	Form 1116, Part III
	g Other foreign tax information (attach schedule)	15g	See Instructions for Form 1116
Other	16 Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	Form 1040, line 8b
	17 Tax-exempt interest income	17	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	18 Other tax-exempt income	18	
	19 Nondeductible expenses	19 401.	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
22 Recapture of low-income housing credit:		Form 8611, line 8	
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Supplemental Information	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) TOTAL		2. 2.

Form **1120S** U.S. Income Tax Return for an S Corporation **1999**

OMB No. 1545-0130

TAXPAYERS COPY
IRS use only - Do not write or staple in this space.

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

For calendar year 1999, or tax year beginning Jul 2, 1999, and ending Dec 31, 1999

A Effective Date of Election as an S Corporation 07/02/99	Use IRS label. Otherwise, please print or type.	Name DEBIT ONE COMMUNICATIONS, INC.	C Employer Identification Number 65-0940037
		Number, Street, and Room or Suite No. (If a P.O. box, see instructions) 1428 BRICKELL AVENUE, FIRST FLOOR	D Date Incorporated 07/02/99
B Business Code No. (see instructions) 513300		City or Town State ZIP Code MIAMI FL 33131	E Total Assets (see instructions) \$ 321,480.

F Check applicable boxes: (1) Initial return (2) Final return (3) Change in address (4) Amended return

G Enter number of shareholders in the corporation at end of the tax year **7**

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1a Gross receipts or sales	1,012,894.	b Less returns and allowances		c Bal	1c	1,012,894.
	2 Cost of goods sold (Schedule A, line 8)					2	873,112.
	3 Gross profit. Subtract line 2 from line 1c					3	139,782.
	4 Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797)					4	
	5 Other income (loss) (attach schedule)					5	
	6 Total income (loss). Combine lines 3 through 5					6	139,782.
D E D U C T I O N S S E E I N S T R U C T I O N S	7 Compensation of officers					7	50,000.
	8 Salaries and wages (less employment credits)					8	56,444.
	9 Repairs and maintenance					9	81.
	10 Bad debts					10	
	11 Rents					11	
	12 Taxes and licenses					12	10,679.
	13 Interest					13	3,600.
	14a Depreciation (if required, attach Form 4562)		14a	3,514.			
	b Depreciation claimed on Schedule A and elsewhere on return		14b				
	c Subtract line 14b from line 14a					14c	3,514.
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	2,141.
	17 Pension, profit-sharing, etc, plans					17	
	18 Employee benefit programs					18	
	19 Other deductions (attach schedule) See Other Deductions					19	123,396.
20 Total deductions. Add the amounts shown in the far right column for lines 7 through 19					20	249,855.	
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6					21	-110,073.	
T A X A N D P A Y M E N T S	22 Tax: a Excess net passive income tax (attach schedule)		22a				
	b Tax from Schedule D (Form 1120S)		22b				
	c Add lines 22a and 22b (see instructions for additional taxes)					22c	
	23 Payments: a 1999 estimated tax payments and amount applied from 1998 return		23a				
	b Tax deposited with Form 7004		23b				
	c Credit for federal tax paid on fuels (attach Form 4136)		23c				
	d Add lines 23a through 23c					23d	
24 Estimated tax penalty. Check if Form 2220 is attached					24		
25 Tax due. If the total of lines 22c & 24 is larger than line 23d, enter amount owed. See instrs for depository method of payment					25		
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					26		
27 Enter amount of line 26 you want: Credited to 2000 estimated tax					27	Refunded	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's Signature Evan Brody, CPA	Date 3/31/00	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed) and Address Evan J. Brody P.A. 4000 Towerside Ter., Suite 1109 Miami FL	EIN 65-0538367	ZIP Code 33138	

(Rev July 1998) Department of the Treasury Internal Revenue Service

Name of Corporation: DEBIT ONE COMMUNICATIONS, INC. Employer Identification Number: APPLIED FOR.

Number, Street, and Room or Suite Number (If a P.O. box or outside of the United States, see instructions.): 1428 BRICKELL AVENUE, FIRST FLOOR

City or Town: MIAMI State: FL ZIP Code: 33131

Check type of return to be filed: Form 1120, Form 1120-A, Form 1120-F, Form 1120-FSC, Form 1120-H, Form 1120-L, Form 1120-ND, Form 1120-PC, Form 1120-POL, Form 1120-REIT, Form 1120-RIC, Form 1120S, Form 1120-SF. Note: Other 990 filers (i.e., Form 990, 990-EZ, 990-BL, 990-PF, and certain filers of Form 990-T (see instructions)) must use Form 2758 to request an extension of time to file.

Form 1120-F filers: Check here if you do not have an office or place of business in the United States

1 a I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sep 15, 2000, to file the income tax return of the corporation named above for calendar year 1999 or tax year beginning and ending. b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period, Consolidated return to be filed.

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following: Table with columns: Name and address of each member of the affiliated group, Employer ID number, Tax period.

3 Tentative tax (see instructions). 4 Credits: a Overpayment credited from prior year, b Estimated tax payments for the tax year, c Less refund for the tax year applied for on Form 4466, e Credit for tax paid on undistributed capital gains (Form 2439), f Credit for federal tax on fuels (Form 4136). 5 Total. Add lines 4d through 4f. 6 Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal Tax Deposit (FTD) Coupon (see instructions).

Signature - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete. Signature: Elean Brock, Title: CDA, Date: 3/13/00

Schedule A Cost of Goods Sold (see instructions)

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) 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) _____

b Check if there was a writedown of 'subnormal' goods as described in Regulations Section 1.471-2(c) Yes No

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) Yes No

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e Do the rules of Section 263A (for property produced or acquired for resale) apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

Schedule B Other Information

	Yes	No
1 Check method of accounting: (a) <input type="checkbox"/> Cash (b) <input checked="" type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____		
2 Refer to the list in the instructions and state the corporation's principal: (a) Business activity <input type="checkbox"/> PHONE_CARD_DISTRIBUTIONS (b) Product or service <input type="checkbox"/> TELECOMMUNICATIONS		
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		X
4 Was the corporation a member of a controlled group subject to the provisions of Section 1561?		X
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.) If 'Yes,' enter the name of the foreign country _____		X
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 of a Tax Shelter <input type="checkbox"/>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>		
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) <input type="text" value="\$"/>		
10 Check this box if the corporation had accumulated earnings and profits at the close of the tax year (see instructions) <input type="checkbox"/>		

Schedule K Shareholders' Shares of Income, Credits, Deductions, etc

	(a) Pro rata share items	(b) Total amount	
Income (Loss)	1 Ordinary income (loss) from trade or business activities (page 1, line 21)	1	-110,073.
	2 Net income (loss) from rental real estate activities (attach Form 8825)	2	
	3a Gross income from other rental activities	3a	
	b Expenses from other rental activities (attach schedule)	3b	
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4 Portfolio income (loss):		
	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)	4f		
5 Net Section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	5		
6 Other income (loss) (attach schedule)	6		
Deductions	7 Charitable contributions (attach schedule) VARIOUS CHARITABLE ORGANIZATION (50% AGI)	7	50.
	8 Section 179 expense deduction (attach Form 4562)	8	
	9 Deductions related to portfolio income (loss) (itemize)	9	
	10 Other deductions (attach schedule)	10	
Investment Interest	11a Interest expense on investment debts	11a	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	11b (1)	
	(2) Investment expenses included on line 9 above	11b (2)	
Credits	12a Credit for alcohol used as a fuel (attach Form 6478)	12a	
	b Low-income housing credit:		
	(1) From partnerships to which Section 42(j)(5) applies for property placed in service before 1990	12b (1)	
	(2) Other than on line 12b(1) for property placed in service before 1990	12b (2)	
	(3) From partnerships to which Section 42(j)(5) applies for property placed in service after 1989	12b (3)	
	(4) Other than on line 12b(3) for property placed in service after 1989	12b (4)	
	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	12e		
13 Other credits	13		
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a	879.
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	14d (1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	14d (2)	
e Other adjustments and tax preference items (attach schedule)	14e		
Foreign Taxes	15a Type of income		
	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): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	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	18	
	19 Nondeductible expenses	19	13,382.
	20 Total property distributions (including cash) other than dividends reported on line 22 below	20	
	21 Other items and amounts required to be reported separately to shareholders (attach schedule)		
	22 Total dividend distributions paid from accumulated earnings and profits	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.

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

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 Sheet1
Check Sheet2
Table of Contents3
Symbols.....4
Tariff Format.....5
Section 1.0 - Technical Terms and Abbreviations6
Section 2.0 - Rules and Regulations9
Section 3.0 - Description of Service17
Section 4.0 - Rates22

ISSUED: September , 2000

EFFECTIVE: _____

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

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

fld9901

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

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

fld9901

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 its 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 purpose of rating calls.

ISSUED: September , 2000

EFFECTIVE: _____

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

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: _____

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

fld9901

SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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.
- 2.4.3 The Company shall not be liable for, and shall be fully indemnified and held 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.

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EFFECTIVE: _____

ISSUED BY: Evan Phillips, President
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Miami, Fl 33131

SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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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SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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.

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SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

2.6 Refunds or Credits for Service Outages or Deficiencies

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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SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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 with 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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fld9901

SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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.

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SECTION 2.0 - RULES AND REGULATIONS, (Cont'd)

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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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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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.

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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
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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 device 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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EFFECTIVE: _____

ISSUED BY: Evan Phillips, President
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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

Maximum rate per minute: \$0.50
Maximum per call surcharge: \$0.50

4.4.2 Sponsor Card

Maximum rate per minute: \$0.50
Maximum per call surcharge: \$0.50

ISSUED: September , 2000**EFFECTIVE:** _____

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

**** 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

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).
- ◆ Print or Type 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 **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT

DATE

D 3 96

DEC 12 2000

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

1326

DEBIT ONE COMMUNICATIONS, INC.

1428 BRICKELL AVE., SUITE 100
MIAMI, FL 33131

POINTEBANK
AVENTURA, FLORIDA 33180
63-1336-670

DATE

AMOUNT

PAY TO THE ORDER OF Two Hundred Fifty and 00/100 Dollars (\$250.00) 119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

*****\$250.00

66 DEC 11 8
DUPLICATE
CORDS/REPORTING