

APPLICATION FORM

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

971522-TX

Original authority (new company)

Approval of transfer (to another certificated company)

Example. a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

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 for transfer of control (to another certificated company)

Example. a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

Quick Tel inc. \ Quick Cash Auto Title inc.

3. Name under which the applicant will do business (d/b/a):

Quick Tel inc.

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: NA

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check:
LD

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5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

5603 E. Colonial Drive
Orlando, Fl. 32807
407-275-2274

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

Same as "A"

6. Structure of organization: Check appropriate box(es)

<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"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

N/A

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12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NO

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NO

14. Please indicate how a customer can file a service complaint with your company.

Customer may write to our corporate office,

Fax our office, or call our office.

15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been 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.

NO

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: _____

Applied for and approved as QUICKTEL inc

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

LARRY MORGAN 896 MAPLE Forest Dr, Orlando FL 32825
407-382-9563, IQGroup@AOL.com, Fax 407-381-2296

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

N/A

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

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.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

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 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".

Official: [Signature] 11/1/97
Signature Date

Title: Technical Director (407) 381-8588
Telephone Number

Address: 896 MAPLE FOREST DR
Orlando FL 32825

BUSINESS INFORMATION CONTINUED

9. Type of Organization - Check one box to enter the type of business. Listed are the definitions of business types:
 Corporation - A legal entity created by or under the authority of the laws of a state.
 Partnership - Two or more persons or entities that have entered into a voluntary contract.
 Trust - A legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument.
 Sole Proprietorship - An individual or individual and spouse.
 Professional Association - Any group of professional people organized to practice their profession together.
 Other - Any other type of business entity. Please write in (e.g. government, civic organization).

Corporation Partnership Trust Sole Proprietorship Professional Assn.
 Other (explain) _____

If corporation or partnership, enter fiscal year ending date -
M/M D/D

10. Describe your major business activities (please be specific): Resale of local telephone service.

NOTE: If applying for Documentary Stamp Tax ONLY - go to question 40 and continue.

11. What are the products you purchase for resale to your customers? telephone service

12. What are your estimated annual receipts from sales and/or rentals?
 (check one) \$1,700 or less between \$1,700 and \$8,000 between \$8,000 and \$16,000 between \$16,000 and \$800,000 \$800,000 - up unable to estimate

13. Do you sell merchandise? ----- Yes No
 Wholesale? ----- Yes No
 Retail? ----- Yes No

14. Do you rent living or sleeping accommodations for 6 months or less to individuals or businesses? ----- Yes No
 (This includes hotels, motels, time-shares, condominiums, apartments and trailer parks.)

15. Do you rent commercial real property to individuals or businesses? ----- Yes No

16. Do you charge admission or membership fees? ----- Yes No

17. Do you rent equipment or other tangible personal property to individuals or businesses? ----- Yes No

18. Do you provide any of the following services?
 Pest control for nonresidential buildings ----- Yes No
 Cleaning for nonresidential buildings ----- Yes No
 Detective ----- Yes No
 Protection ----- Yes No
 Security alarm system monitoring ----- Yes No

19. Do you generate sales and remove receipts from vending machines? ----- Yes No
 If yes, answer the questions in this block.

Food vending machines? ----- Yes No
 Beverage vending machines? ----- Yes No
 Vending machines for other products? ----- Yes No

20. Do you sell food or beverages wholesale to vending machine operators? ----- Yes No

21. Are coin-operated amusement machines being operated at your business location? ----- Yes No
 21b. Do you have a written agreement that requires someone else to obtain Amusement Machines Certificate for all of the machines? ----- Yes No

22. Do you have a written agreement that specifies who is responsible for obtaining Amusement Machines Certificates? ----- Yes No
 22b. Do you have a written agreement that requires you to obtain Amusement Machines Certificate for any of the machines? ----- Yes No

You must complete an Application for Amusement Machines Certificate (Form DR-18) if:
 • you answered NO to Question 21b and have amusement machines on your business location
 OR
 • you answered YES to Question 22b and lease amusement machines.

NATURE OF BUSINESS ACTIVITY

AMUSEMENT/RENTING

SOLID WASTE

- 23. Do you sell tires or batteries or ~~remanufacture~~ motor vehicles to others? Yes No

If yes, answer the questions in this block.
- 24. Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)? Yes No
- 25. Do you make retail sales of new, used, or remanufactured lead acid batteries sold separately or as a component part of another product? Yes No
- 26. Are you in the business of renting or leasing motor vehicles which transport less than nine passengers to individuals or businesses? Yes No

CLEANING

- 27. Do you own or operate a dry-cleaning plant in the State of Florida? Yes No

If yes, answer the questions in this block.
- 28. Do you use perchloroethylene in the dry-cleaning process? Yes No

If you use perchloroethylene, enclose an additional \$30 for a dry-cleaning registration fee.
- 29. Do you produce or import perchloroethylene? Yes No

If yes, complete an application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).

MOTOR FUEL

- 30. Do you sell any type of fuel or use diesel fuel? Yes No

If yes, answer the questions in this block.
- 31. Do you or will you make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices? Yes No

If yes to # 31, do you expect the sales of diesel fuel (as measured in gallons) to exceed the sales of gasoline Yes No

If yes to # 31, does this business exist as a marina? Yes No

If yes to # 31, what is your seven (7) digit Florida Department of Environmental Protection Facility Registration Number for this location? _____
- 32. Do you use diesel fuel for non-highway purposes? Yes No

CONTRACTOR

- 33. Are you a contractor who improves real property? Yes No

If yes, answer the questions in this block.

Do you most frequently operate as a prime contractor sub contractor? List the type of construction you perform (building, painting, electrical, etc.) _____
- 34. Do you operate under formal written contracts? Yes No

If yes, what type of contracts do you operate under? Lump Sum, Cost Plus, Fixed Fee, and Other, please explain _____
- 35. Do you purchase any materials or supplies from vendors located outside of Florida? Yes No
- 36. Does your company have a current occupational license in any Florida county? Yes No

If yes, please list all the counties in which you are licensed and the corresponding license numbers _____

- 37. Do you fabricate/manufacture any building components at a location other than contract sites? Yes No

TELECOMMUNICATION/ENERGY

- 38. Do you provide telecommunication services, electrical power or gas? Yes No

If yes, answer the questions in this block.

Do you sell:

 - a. Electrical power Yes No
 - b. Natural or manufactured gas Yes No
 - c. Pay phone service Yes No
 - d. 2-way cable television service Yes No
 - e. Telex, telegram, teletype service Yes No
 - f. Cellular or pagers service Yes No
 - g. Long distance (inter-exchange service) Yes No
 - h. Shared tenant utility service Yes No
 - i. Telephone service (local exchange) Yes No
 - j. Alternative access vendor service Yes No
 - k. Other telecommunication service Yes No

Describe _____
- 39. Do you provide billing services to telecommunication service providers? Yes No

DOCUMENTARY STAMP

40. Does your business include sales finalized by written agreements which do not require recording by the clerk of the court, but do require documentary stamps to be affixed? Yes No
 If yes, answer the questions in this block.
41. Is this application being completed to register your first location for sale of documentary stamps? Yes No
 If no, and this application is for additional locations, please list name and address of each additional location. _____
42. Do you anticipate five or more taxable transactions per month? Yes No
43. Do you anticipate your average monthly tax remittance to be less than \$80 a month? Yes No

44. **Owner, Partner, Officer Information** List the primary owner or corporate officer first. Enter the name, social security number, home address and telephone number of the owners, partners or corporate officers.

Name	Social Security Number	Home Address	Telephone Number
Larry Morgan	591-48-7567	8916 Maple Forest Dr.	407-351-8588
Danya Lynette	589-38-0549	1004 Chance Cove	407-366-1111
Daryl Lynette	266-43-5010	1004 Chance Cove	407-366-1111
Marc Masser	150-32-1680	2164 Geneva Drive	407-349-2222

45. **Business Bank Information:**

Not open yet
 Business Bank Name _____ Primary Business Account Number _____

Bank Street Address _____ City _____ State _____ Zip Code _____

46. Is your business location rented? Yes No

If you answered yes, provide the following information:

Landlord or owner's name: Quick Cash Auto Title, Inc.
 Address: 5603 E. Colonial Drive
 City/State/Zip: Orlando, FL 32807
 Telephone Number: (407) 275-2274

Applicant Signature—This Application Cannot Be Processed If Not Signed by the Applicant

I certify, under penalty of perjury, that the statements herein have been examined by me and are, to the best of my knowledge and belief, true, complete and correct.

[Signature] _____ 11/14/97 _____
 Signature of the Business or Real Property Owner, Partner, or Principal Corporate Officer Date Application Signed

Larry Morgan _____ Technical Director _____
 Print or type the name signed above Title of Signatory

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any sales taxes and willfully fails to do so shall be personally liable for such taxes under the provisions of s. 213.29, Florida Statutes.

FOR DOR OFFICE USE ONLY

Documentary Stamp Tax

Gross Receipts Tax

MO
 CU
 SA

QUICK CASH AUTO TITLE, INC.
Statement of Revenues and Expenses
Income Tax Basis

	<u>Six Months</u> <u>Ended</u> <u>June 30, 1997</u>	<u>Pct</u>
Revenues:		
Sales - Services	\$ 327,257.84	76.08
Sales - Retail	103,809.00	24.13
Discounts & Allowances	<u>(914.82)</u>	<u>(0.21)</u>
	<u>430,152.02</u>	<u>100.00</u>
Cost of Sales:		
Product - Retail	<u>21,824.55</u>	<u>5.07</u>
	<u>21,824.55</u>	<u>5.07</u>
Gross Profit	408,327.47	94.93
Operating Expenses:		
Casual Labor	536.82	0.12
Bank & Credit Card Svc Charge	1,168.36	0.27
Auto Expense	7,093.89	1.65
Casual Labor	3,481.82	0.81
Maintenance & Repair	1,087.95	0.25
Utilities	3,544.99	0.82
Property Tax	184.85	0.04
Rent	24,567.20	5.71
Amortization	1,701.89	0.40
Business Insurance	2,829.15	0.66
Health Insurance	811.84	0.19
Entertainment	32.00	0.01
Advertising & Promotions	50,044.28	11.63
Dues & Subscriptions	288.00	0.07
Miscellaneous Supplies	4,824.03	1.12
Towing	4,507.00	1.05
Postage & Shipping	1,100.54	0.26
Alarm System	1,091.96	0.25
Telephones	9,435.44	2.19
Returned Checks & Charges	10,017.10	2.33
Lien Expense	8,894.50	2.07
Licenses	413.50	0.10
Legal	2,553.21	0.59
Accounting	6,455.00	1.50
Interest Expense	31,660.13	7.36
Wages	85,024.84	19.77
Officer Salary	39,999.96	9.30
Repossession Expense	2,882.00	0.67
Damaged Goods	11,942.34	2.78
Repos	25,938.08	6.03
Locksmith	2,771.83	0.64
Alarm System	66.00	0.02
Over/Short	3,981.10	0.93
Gift & Prepaid Sales	26.50	0.01
Depreciation	<u>1,174.18</u>	<u>0.74</u>
	<u>354,132.28</u>	<u>82.33</u>
Net Income	<u>\$ 54,195.19</u>	<u>12.60</u>

See Accompanying Accountants' Compilation Report

QUICK CASH AUTO TITLE, INC.
Statement of Retained Earnings
- Income Tax Basis
For the Six Months Ended June 30, 1997

Retained Earnings, beginning	\$ (14,915.91)
Net Income	<u>54,195.19</u>
Retained Earnings, ending	<u>\$ 39,279.28</u>

See Accompanying Accountants' Compilation Report

Larry H. Morgan

- Objective** **Manage and run a successful communications and technical organization.**
- Experience** **1988 - Present IBM Orlando, FL**
Customer Service Engineer
- **Responsible for maintaining all IBM personal computers.**
 - **Maintained IBM Laser and Dot Matrix printers.**
 - **Trained other IBM Customer Service Engineers to maintain IBM equipment**
- 1988 - Present IQ Computers Winter Park, FL**
Owner and Technical Director
- **Increased regional sales from \$5,000 to \$200,000.**
 - **Managed 15 sales representatives in USA and the Caribbean.**
 - **Implemented training course for new recruits — speeding profitability.**
- Education** **1984 - 1980 University of Central Florida Orlando, FL**
- **B.S., Political Science and Electrical Engineering.**
- Interests** **Computers, travelling, flying, amateur radio and husband.**

APPLICATION FORM

DEPOSIT

DATE

D 657

NOV 18 1997

971522 TX

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

Original authority (new company)

Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

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 for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

Quick Tel Inc. Quick Cash Auto Title Inc.

3. Name under which the applicant will do business (d/b/a):

Quick Tel Inc.

RKM ENTERPRISES IQ COMPUTERS

898 MAPLE FOREST DR. 407-382-8663
ORLANDO, FL 32825

9-92

1953

PAY TO THE ORDER OF

FPSC

11/11 1997

62-751/821 00487

Two hundred fifty two

\$ 250.00

DOLLARS

First Union National Bank of Florida
Winter Park, Florida
24 Hour Information Service
1-800-735-1012

DOCUMENT NUMBER-DATE

1821 NOV 18 97

FOR Quick Tel Inc

FPSC-RECORDS/REPORTING

APPLICATION FORM

DEPOSIT

DATE

D 6 5 7

NOV 18 1997

971522 -

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Quick Tec Inc. \ Quick Cash Auto Title Inc.

3. Name under which the applicant will do business (d/b/a):

Quick Tec Inc.

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: NA