

New Mailing Address: Carlene C. Magro  
P.O. Box # 741142  
Boynnton Bch, FL 33474

ORIGINAL

00 MAY 30 AM 9 08  
MAIL ROOM

5-01-00

Carlene C. Magro

Re: 26 50 E St. Lake Worth, FL 33460

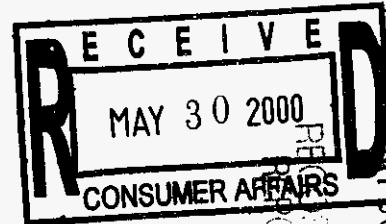
& Pocket # 991307-

& Order # PSC-992386-PAA-TC

Issued 12-1-99

Property where phone is located ... Now Sold.

Mailing - 8479 Raymond Dr.  
Boynnton Bch, FL 33437



RECEIVED-PSC  
MAY 30 PM 3:34

To whom it may concern:

In May, 1998, service was provided to my pay phone via SunSwept Enterprises, as I awaited certification from the Public Service Commission. I received my certificate in 2 to 3 months. Unfortunately, I was hurt very badly and have been ill since that time. THIS HAPPENED BEFORE I EVER STARTED SERVICE TO MY PHONE UNDER MY LICENSE #.

I have made several attempts by phone to Jackie Knight, (spoke to her & left several messages) to no avail. In a letter (enclosed) she had sent to me, she stated, "your certificate may be cancelled", if not paid by March 14, 2000, however, according to above Re: Pocket & Order, it was cancelled 12-1-99. Please assist, I can not use this now but do not wish to be thought owing or of being in disregard. Thank you.

Yours very truly  
Carlene C. Magro

DOCUMENT NUMBER - DATE  
06604 MAY 30 8  
PSC-RECORDS/REPORTING

00-1934  
21995

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP Isler
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG Pena
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- ROO \_\_\_\_\_
- SEC 1
- SER \_\_\_\_\_
- OTH \_\_\_\_\_



STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
E. LEON JACOBS, JR.  
LILA A. JABER



STEVE TRIBBLE, DIRECTOR  
DIVISION OF ADMINISTRATION  
(850) 413-6330

## Public Service Commission

February 29, 2000

TG358  
Carlene C. Magro  
8479 Raymond Drive  
Boynton Beach, FL 33437-1064

### Delinquent Notice

According to the Commission's records, we have not received payment for your 1999 Regulatory Assessment Fee covering January 1, 1999 through December 31, 1999, which was due on January 31, 2000. **If your RAF filing and payment are not received by March 14, 2000, your certificate may be cancelled,** and your account may be referred to the Commission's Division of Legal Services for appropriate action.

This is also to advise that pursuant to Florida Law, you shall add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof up to a maximum of 25%, in addition to the delinquent amount due. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions, please contact Jackie Knight at (850) 413-6267.

c: Jackie Knight



ORDER NO. PSC-99-2386-PAA-TC  
DOCKETS NOS. 991299-TC, 991300-TC, 991301-TC, 991302-TC,  
991306-TC, 991307-TC

PAGE 2

In re: Cancellation by Florida  
Public Service Commission of Pay  
Telephone Certificate No. 5846  
issued to A & S Radiology Group  
Inc. d/b/a A & S Communications,  
Inc. for violation of Rule 25-  
4.0161, F.A.C., Regulatory  
Assessment Fees;  
Telecommunications Companies.

DOCKET NO. 991306-TC

In re: Cancellation by Florida  
Public Service Commission of Pay  
Telephone Certificate No. 5883  
issued to Carlene C. Magro for  
violation of Rule 25-4.0161,  
F.A.C., Regulatory Assessment  
Fees; Telecommunications  
Companies.

DOCKET NO. 991307-TC  
ORDER NO. PSC-99-2386-PAA-TC  
ISSUED: December 7, 1999

The following Commissioners participated in the disposition of  
this matter:

JOE GARCIA, Chairman  
J. TERRY DEASON  
SUSAN F. CLARK  
E. LEON JACOBS, JR.

NOTICE OF PROPOSED AGENCY ACTION  
ORDER IMPOSING FINES AND REQUIRING PAYMENT OF REGULATORY  
ASSESSMENT FEES, OR CANCELING PAY TELEPHONE CERTIFICATES

BY THE COMMISSION:

NOTICE is hereby given by the Florida Public Service  
Commission that the action discussed herein is preliminary in  
nature and will become final unless a person whose interests are  
substantially affected files a petition for a formal proceeding,  
pursuant to Rule 25-22.029, Florida Administrative Code.

The entities listed below have not paid the Regulatory  
Assessment Fees (RAFs) required by Section 364.336, Florida

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:

\_\_\_\_\_ Actual Return  
\_\_\_\_\_ Estimated Return

TG358  
Carlene C. Magro  
8479 Raymond Drive  
Boynton Beach, FL 33437-1064

PERIOD COVERED:  
08/04/1998 TO  
12/31/1998

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment	
7.	Interest for Late Payment	
8.	<b>TOTAL AMOUNT DUE</b>	\$ 0

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return

1  
Not in operation

\*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

Carlene C. Magro  
(Signature of Company Official)  
Carlene C. Magro  
(Please Print Name)

Owner (Title) 5-01-00 (Date)

Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

\* Please see attached note - Thanks cm