

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> INTEREXCHANGE CARRIER | <input type="checkbox"/> PAGING |
| <input checked="" type="checkbox"/> Facilities Based | 1-way |
| <input type="checkbox"/> Reseller | <input type="checkbox"/> 2-way |
| <input type="checkbox"/> Alternative Operator Services | <input type="checkbox"/> Mobile |
| <input type="checkbox"/> CELLULAR | <input type="checkbox"/> COMPETITIVE ACCESS |
| <input type="checkbox"/> A-side | <input type="checkbox"/> OTHER (Describe): |
| <input type="checkbox"/> B-side | |

ANNUAL REPORT OF

American Long Lines, Inc.

State Certificate Number: 96-1028-CT-ACE

(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

Not Applicable

400 Horsham Road

Horsham PA 19044

Address

City

State

Zip Code

215-442-9700

Phone: (Area Code) Number

Same

(Address of principal business office at end of year)

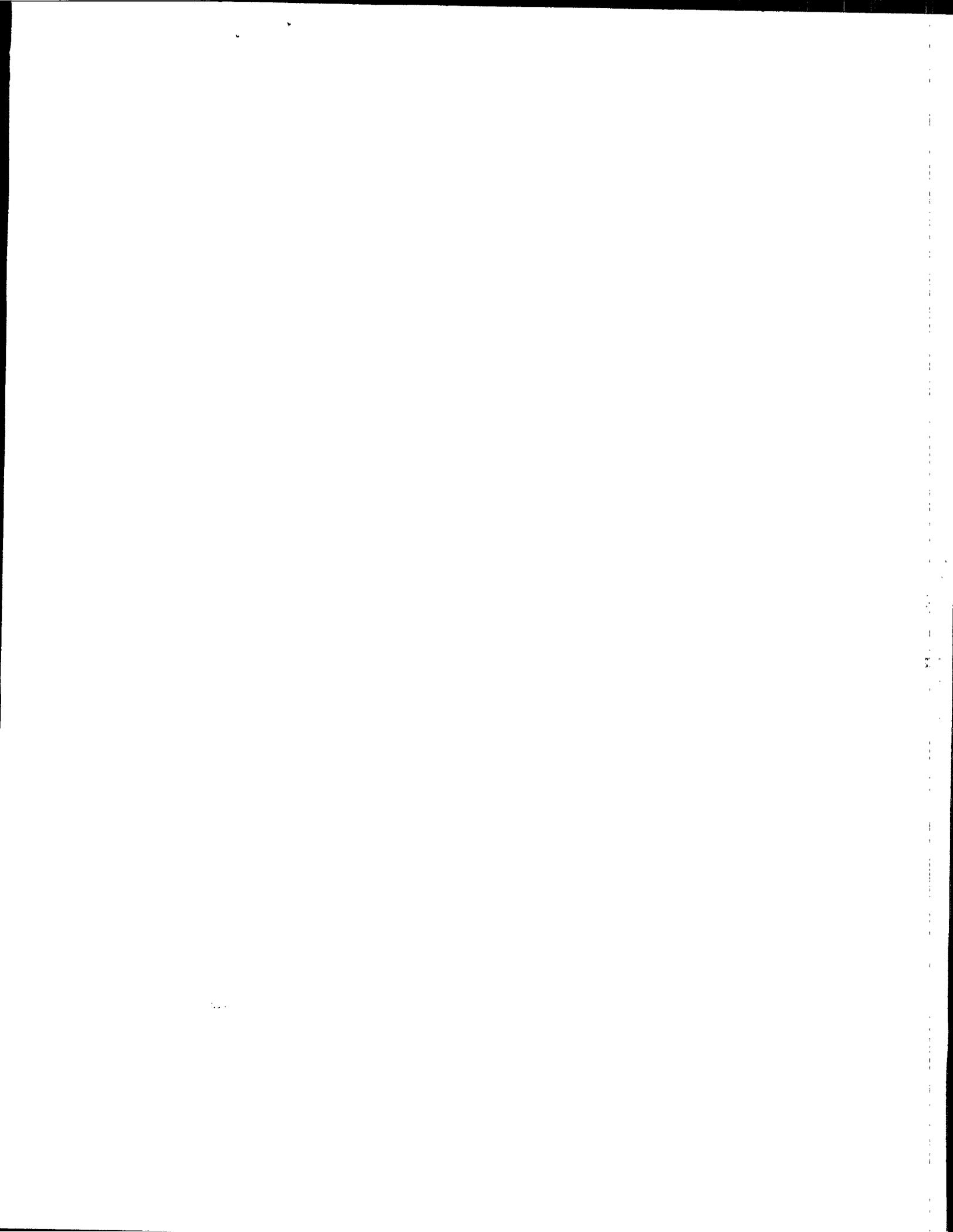
TO THE PUBLIC UTILITIES COMMISSION OF
Ohio

For the
Year Ended December 31, 1996

Name, title, address and telephone number (including area code) of the person to be contacted concerning this report.

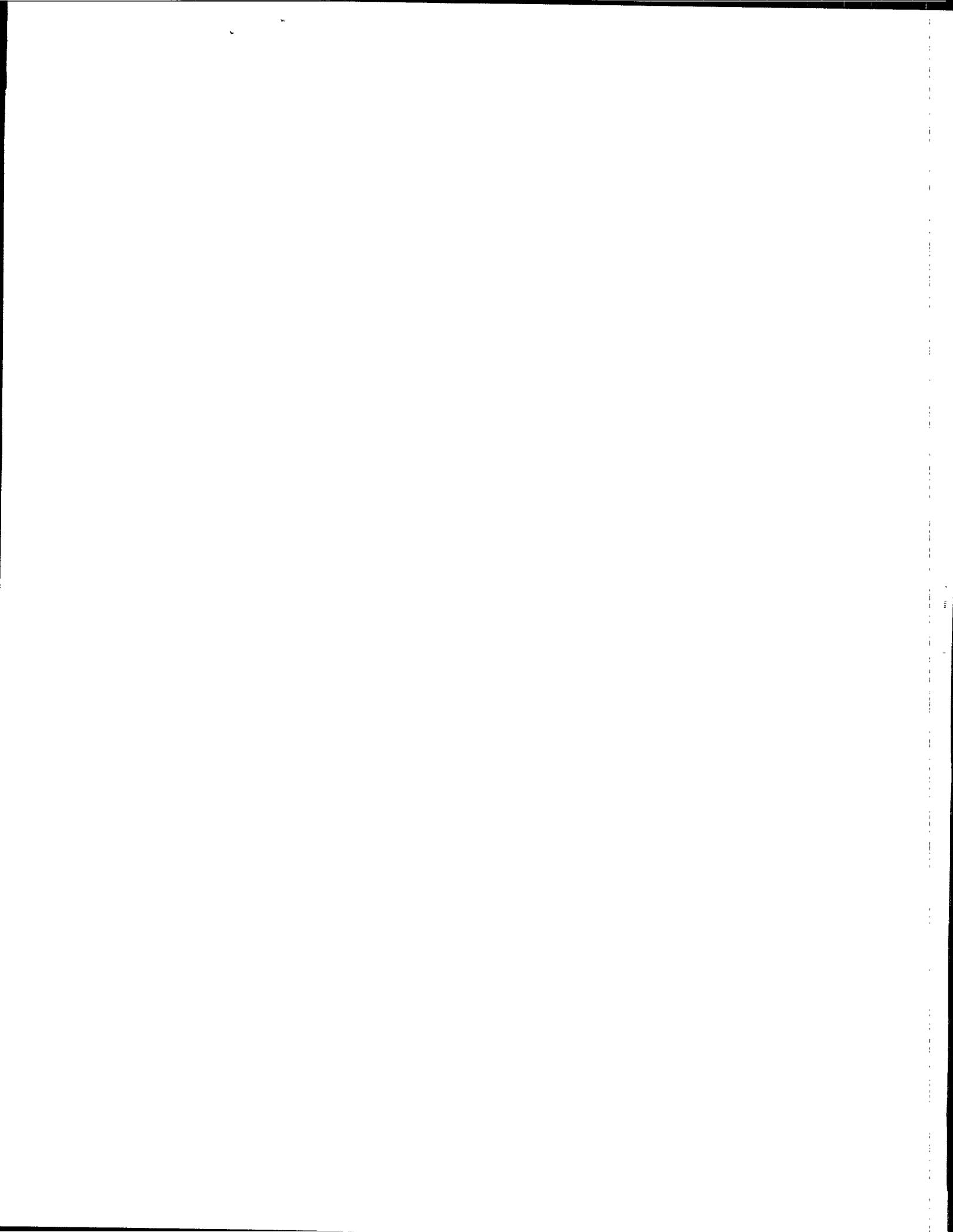
Joyce Pearce
Technologies Management, Inc.
210 N. Park Avenue
P. O. Drawer 200
Winter Park, FL 32790-0200
Telephone: (407) 740-8575
Fax: (407) 740-0613

RECEIVED
MAY 19 1997
PUCO FISCAL



GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8½" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The Respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The Annual Report shall be signed by a duly elected officer of the Respondent and it shall be notarized.
9. "Operating" as used in this report refers to regulated operations while "Non-operating" refers to non-regulated operations



IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

Corporation

2. Date when operations began within Ohio:

10/28/96

3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

Not Applicable

4. If incorporated specify

(a) Date of filing articles of incorporation: 9/30/86

(b) State in which incorporated: Pennsylvania

5. Commission Case Number granting operating authority and date issued.

96-1028-CT-ACE 10/28/96

6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown on "Title Page"; if so, give full particulars.

Not Applicable

7. General description of service territory served by respondent.

Statewide

8. Number of locations within Ohio: 0

Instructions:

Revenues billed on the company's behalf by another entity should be included on this schedule if such revenue is included in the company's determination of taxable receipts for Ohio gross receipts tax purposes. If such revenue is not included by the company in the taxable receipts but is instead included in the taxable receipts of the billing entity, such revenue should be not be included on this schedule.

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)*

<u>Line Number</u>	<u>Item</u>	<u>Amount</u>	
			<u>Intrastate</u>
1	Operating Revenue		770
2	Other Revenue		0
3	Subtotal (1 + 2)		770
4	Earnings or receipts from sales to other public utilities for resale		(0)
5	Deduction for underlying carrier costs		(0)
6	Deduction for uncollectibles/bad debt		(87)
7	Total Deductions (4 + 5 + 6)		(87)
8	Total Net Intrastate Revenues (3 - 7)		683

*Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio. If deductions on lines 4, 5, and 6 are not allowed, use revenue from line 3.

NAME, ADDRESS, AND PHONE NUMBER OF THE COMPANY'S CONTACT PERSONS

Joyce Pearce - Technologies Management, Inc.
Name

210 N. Park Avenue - Winter Park, FL 32789
Address

(407) 740-8575
Phone Number (Including Area Code)

NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO WHOM INVOICE SHOULD BE DIRECTED

Joyce Pearce - TMI Regulatory Reporting Consultant
Name

Technologies Management, Inc.
P. O. Box 200
210 N. Park Avenue
Winter Park, FL 32790-0200
Address

(407) 740-8575 Fax: (407) 740-0613
Phone Number (Including Area Code)

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of Pennsylvania

County of Montgomery

James J. Reed makes oath and says that he/she is
(Name of Affiant)

Chief Financial Officer of American Long Lines, Inc.
(Official title of deponent) (exact legal title or name of the respondent)

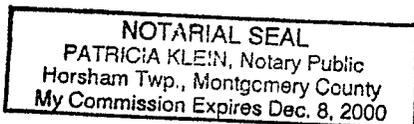
That he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, the statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 1996, to and including December 31, 1996.

[Signature]
(Signature of Affiant)

Subscribed and sworn to before me, a Notary Public in and for the state and county above named, this 15 day of May, 1997.

[Signature]
(Signature of officer authorized to administer oaths)

[SEAL]





May 16, 1997

210 N. Park Ave.
P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613

Ms. Daisy Cockron
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43226-0573

via Overnight Mail

Dear Ms. Cockron:

Enclosed please find American Long Lines, Inc.'s Annual Report for the period ended December 31, 1996.

Please acknowledge receipt of this filing by returning, file stamped, the extra copy of this cover letter in the self-addressed, stamped envelope provided.

Questions pertaining to this filing should be addressed to my attention at (407) 740-8575. Thank you for your assistance.

Sincerely,



Joyce Pearce
Consultant to
American Long Lines, Inc.

enclosures

cc: Jim Reed - AmerLL
Office of the Consumers' Council - State of Ohio
JAS file

