DEBIT MEMORANDUM

TO: DEPT. OF STATE

* 2 9 90

92508

**************************************	TRUOMA	REASON RETURNED	KEY #	*	*
** * GENERAL REVENU	g 0.00	INSUFFICIENT FUNDS		* ~ *	*
* * TRUST	600.75	ACCOUNT CLOSED	2 ^{::}	* -*	2 *
** * OTHER		UNCOLLECTED FUNDS	3	*	*
* TOTAL		OTHER *********	4 *******	*	* *******

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	TRUOMA
012 012 012 012 012 012	45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00	2 2 1 1 2	20.00 72.00 87.50 122.50 298.75

GRAND TOTAL:

\$ <u>_</u>600.75

92508-E

700002815707-5

Process Date: 01/28/99

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

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DEPT OF STATE 4500453 FOR DEPOSIT ONLY -01/14/99--01013--020 1009068796 ****298.75



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 17, 1999

Clyde B. Morris Associates, LTD 2406 North Lakeside Dr. Lake Worth, FL 33460

SUBJECT: CLYDE B. MORRIS ASSOCIATES, LTD.

Ref. Number: A9600000797

Debit Memo #: 92508-E

This is to inform you that your check #1007 dated December 21, 1998 in the amount of \$298.75 and submitted for CLYDE B. MORRIS ASSOCIATES, LTD. has been returned to us by your bank because of Closed Acount.

We request that you remit a cashier's check or money order in amount of \$313.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34,-Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

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Letter number: 599A00007185



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 23, 1999

Clyde B. Morris Associates LTD 2406 North Lakeside Dr. Lake Worth, FL 33460

SUBJECT: CLYDE B. MORRIS ASSOCIATES, LTD.

Ref. Number: A96000000797

Debit Memo #: 92508-E

Due to your failure to respond to our previous letter, your Annual Report for CLYDE B. MORRIS ASSOCIATES, LTD. has been cancelled and is considered not filed as of March 23, 1999.

Please refer to our previous letter advising you of the returned check.

Section 620.178, Florida Statutes, requires us to give at least 60 days notice of our intent to revoke the certificate of authority of a limited partnership for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$313.75 is not received within 60 days, your limited partnership's certificate of authority will be revoked and a reinstatement fee of an additional \$500 a year or part of a year will be imposed.

Please send your response to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6900.

Melinda Lilliston Administrative Assistant II

cc:Clyde B. Morris Associates LTD P.O. Box 2011

West Palm Beach, Fl. 33402

Letter Number: 899A00014483