

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER

TO :
DEPT. OF STATE

1199 92210

B 98 00000273

* STATE OF FLORIDA
* OFFICE OF STATE TREASURER
* TALLAHASSEE FLORIDA
*

* FUND	* AMOUNT	* REASON RETURNED	* KEY #	* *
* GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*
* TRUST	1,995.25	ACCOUNT CLOSED	2	2 *
* OTHER		UNCOLLECTED FUNDS	3	*
* TOTAL	1,995.25	OTHER	4	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	35.00
012	45-20-2-130001-45300000-00-000100-00	1	43.75
012	45-20-2-130001-45300000-00-000100-00	4	52.50
012	45-20-2-130001-45300000-00-000100-00	1	72.00
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	4	141.25
012	45-20-2-130001-45300000-00-000100-00	2	152.00
012	45-20-2-130001-45300000-00-000100-00	2	152.00
012	45-20-2-130001-45300000-00-000100-00	1	194.25
012	45-20-2-130001-45300000-00-000100-00	1	236.25
012	45-20-2-130001-45300000-00-000100-00	1	758.75

GRAND TOTAL: \$ 1,995.25

92210 - c

300002781053-7
-02/19/99--01036--003
*****67.50 *****67.50

Process Date: 12/31/98

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

Bill Nelson
State Treasurer