4530

DATE

: FOR OFFICIAL USE

NUMBER

08/14/2000 1 00564

State of Florida
Office of State Treasurer
Tallahassee, Florida

DEBIT MEMORANDUM

483

To: <u>DEPARTMENT OF STATE</u>

General Revenue Total 0.00
Trust Total 2,431.25
Other Total 0.00

300003405723---9

Total

\$2,431.25

Distribution

Cross Ref	Samas Code		Reason	Amount
008	45-20-2-130001-45300100-00-000100-00		OTHER	17.50
008	45-20-2-130001-45300100-00-000100-00		OTHER	61.25
008	45-20-2-130001-45300100-00-000100-00		OTHER	61.25
800	45-20-2-130001-45300100-00-000100-00		OTHER	70.00
800	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	78.75
800	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	78.75
800	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	78.75
800	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	125.00 -
800	45-20-2-130001-45300100-00-000100-00	_	ACCOUNT CLOSED	135.00
800	45-20-2-130001-45300100-00-000100-00	÷	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	175.00 W
008	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	550.00
800	45-20-2-130001-45300100-00-000100-00		INSUFFICIENT FUNDS	550.00

Grand Total:

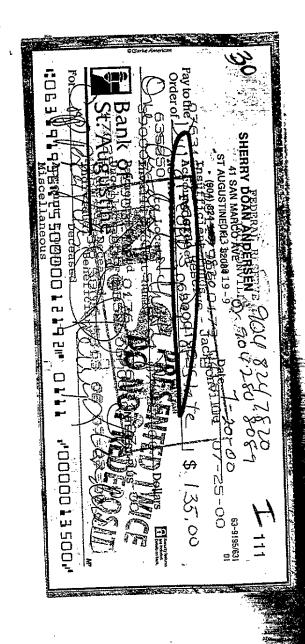
\$2,431.25

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BURNAL OF PLANNING

er the —

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

Process Date: 08/02/2000



| Control | Cont

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 24, 2000

Sherry Doan Andersen 41 San Marco Ave. St. Augustine, FL 32084

SUBJECT: NATIONAL REHABILITATION & CHILDRENS RESOURCE GROUP

CORPORATION

Ref. Number: P00000070482

Debit Memo #: 10564-l

This is to inform you that your check #111 dated July 20, 2000 in the amount of \$135.00 and submitted for NATIONAL REHABILITATION & CHILDRENS RESOURCE GROUP CORPORATION has been returned to us by your bank because of Insufficient funds.

We request that you remit a cashier's check or money order in amount of \$150.00 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:

Letter number: 800A00045361

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

CC: National Rehabilitation & Children's Resource Group Corp. 41 San Marco Ave.

St. Augustine, Fl. 32095



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 26, 2000

Sherry Doan Anderson 41 San Marco Ave. St. Augustine, FL 32084

SUBJECT: NATIONAL REHABILITATION & CHILDRENS RESOURCE GROUP

CORPORATION

Ref. Number: P00000070482

Debit Memo #: 10564-I

Due to your failure to respond to our previous letter advising you of the returned check #111, the Articles of Incorporation for NATIONAL REHABILITATION & CHILDRENS RESOURCE GROUP CORPORATION have been cancelled and are considered not filed as of September 26, 2000.

The name of your corporation is now available for use.

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

Letter number: 700A00050647

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

cc:National Rehabilitation& Childrens Res.Gr.

41 San Marco Ave.

St. Augustine, Fl. 32095