

FOR OFFICIAL USE

NUMBER

11/19/2001

2**02271** 

**DEBIT MEMORANDUM** 

9600009380

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

Total

General Revenue Total 0.00
Trust Total 2,108.75
Other Total 0.00

\$2,108.75

ALL 4530

Distribution

200004749312--5

Cross			
Ref	Code	Reason	Amount
204 204 204 204 204 204 204	45-50-2-130001-45300100-00-000100-00 OTHE 45-50-2-130001-45300100-00-000100-00 OTHE 45-50-2-130001-45300100-00-000100-00 INSUF 45-50-2-130001-45300100-00-000100-00 ACCO	INSUFFICIENT FUNDS OTHER OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS ACCOUNT CLOSED ACCOUNT CLOSED	8.75 10.00 30.00 35.00 50.00 87.50
204 204 204 204	45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	150.00 150.00 750.00 750.00

Grand Total:

\$2,108.75

ECEIVED

NOV 2D PH 2: 51
BURGO OF
WANTED BURGET AND

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

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: 11/09/2001

To Junt

State Treasurer

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DEPT OF STATE 4500453 FOR DEPOSIT FONLY 10/30/01-01047-010 1009068796 \*\*\*\*\*\*35:00 050098789 050098789 11-01-01



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 27, 2001

R J Enterprises Group Corp. 6150 Tamiami Canal Rd. Miami, FL 33126

SUBJECT: VICKY'S RENTAL MEDICAL EQUIP. CORP. Ref. Number: P96000009380

Debit Memo #: 22271-D

This is to inform you that your check #1033 dated October 29, 2001 in the amount of \$35.00 and submitted for VICKY'S RENTAL MEDICAL EQUIP. CORP. 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 \$50.00 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:

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) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 701A00062965

CC: Vicky's Rental Medical Equip. Corp. 2750 Sw 87th Ave. Suite 206 Miami, FL. 33165



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 3, 2002

R J Enterprises Group Corp. 6150 Tamiami Canal Rd. Miami, FL 33126

SUBJECT: VICKY'S RENTAL MEDICAL EQUIP. CORP.

Ref. Number: P96000009380

Debit Memo #: 22271-D

Due to your failure to respond to our previous letter advising you of the returned check #1033, the Amendment for VICKY'S RENTAL MEDICAL EQUIP. CORP. has been cancelled and is considered not filed as of January 3, 2002.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter Number: 802A00000339

cc:Vicky's Rental Medical Equip.Corp. 2750 SW 87th Ave. Suite 206 Miami,FL. 33165