

***** DEBIT FROM ACCOUNT *****

TO :
DEPARTMENT OF STATE

FOR OFFICIAL USE

DATE

NUMBER

P 97000024761

STATE OF FLORIDA

OFFICE OF STATE TREASURER

TALLAHASSEE FLORIDA

* FUND	AMOUNT	REASON RETURNED	KEY #	*	*
* GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
* TRUST	516.25	ACCOUNT CLOSED	2	*	2 *
* OTHER		UNCOLLECTED FUNDS	3	*	*
* TOTAL	516.25	OTHER	4	*	*

CROSS
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

012	45-20-2-130001-45300000-00-000100-00	4	70.00
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	1	122.50

GRAND TOTAL:

\$ 516.25

=====

RECEIVED

97 APR -9 PM 1:05

FINANCIAL MANAGEMENT

73304-A

Process Date: 03/24/97

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

1011

AUTO INSURANCE OF SAMPLE INC

811 W. SAMPLE RD.

POMPANO BEACH, FL 33064

63-1422670
64

CHECK RETURNED NOT PAID

19 92

PAY TO THE
ORDER OF

Florida Repair Shop

CLOSED

Security Deposits

\$ 70.00

UNCOLLECTED ENDORSEMENT

DOLLARS



002-064
800 W. Sample Road
Pompano Beach, Florida 33064

FOR INC Fees

John M. Cole

050007258 5504 58 03-24-92

RM

⑈001011⑈ ⑆067014025⑆ 187139526⑆ 00 020800987000⑈

10630000470

AO 7 X08

20 BARNETT JAX
800-5239498 063000047<
05 141413 2229 03-20 JAX FL 13
05 141413 03-20 05 141413

[illegible]

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 22, 1997

Auto Insurance of Sample Inc.
811 W. Sample Rd.
Pompano Beach, FL 33064

SUBJECT: DAVIE INSURANCE ASSOCIATES, INC.
Ref. Number: P97000024761

Debit Memo #: 73304-A

This is to inform you that your check #1011 dated March 18, 1997 in the amount of \$70.00 and submitted for DAVIE INSURANCE ASSOCIATES, INC. has been returned to us by your bank because of Refer to Maker.

We request that you remit a cashier's check or money order in amount of \$85.00 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
(904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 897A00018552

cc: Davie Insurance Associates, Inc.
3670 SW 64th Avenue
Davie, FL 33314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 28, 1997

Auto Insurance of Sample Inc.
811 SW Sample Rd.
Pompano Beach, FL 33064

SUBJECT: DAVIE INSURANCE ASSOCIATES, INC.
Ref. Number: P97000024761

Debit Memo #: 73304-A

Due to your failure to respond to our previous letter advising you of the returned check #1011, the Articles of Incorporation for DAVIE INSURANCE ASSOCIATES, INC. have been cancelled and are considered not filed as of May 28, 1997.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 297A00028888

cc: Davie Insurance Associates, Inc.
3670 SW 64th Ave.
Davie, FL 33314