

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER

TO :
DEPT. OF STATE

P97 0000 91173

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

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	436.25	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	436.25	OTHER	4	*	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	8.75
012	45-20-2-130001-45300000-00-000100-00	4	61.25
012	45-20-2-130001-45300000-00-000100-00	2	78.75
012	45-20-2-130001-45300000-00-000100-00	3	122.50
012	45-20-2-130001-45300000-00-000100-00	1	165.00

GRAND TOTAL: \$ 436.25
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81618-B

700002371567--8
-12/15/97--01024--001
****137.50 ****137.50

Process Date: 11/04/97

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