

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :
DEPT. OF STATE

P98 0000 3586

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	201.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	201.25	OTHER	4

CROSS
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

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

GRAND TOTAL: \$ 201.25

82394-A

300002453493-2

RECEIVED
FEB 2 1998

STATE OF FLORIDA
PERSONNEL

Process Date: 01/20/98

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

FRANK M. SOBOL 09/18/1997
Ph 561-586-4656
332 South E St.
Lake Worth, Fl 33460

Date 11/1/98

01700
63-807670

Pay to the Order of DEPARTMENT OF STATE \$ 78.75

REVENUE & GAT AND Dollars

SUNTRUST

SunTrust Bank, South Florida, N.A.
Jackson Beach Office
Jackson Beach, FL

For

HIPAA AND

1067006076101294000 7880 0170 0000007875

1067006076101294000 7880 0170 0000007875

ENDORSE HERE:

X

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE -
FOR FINANCIAL INSTITUTION USAGE ONLY *

1 20/001/210 001 0034014114MD21.153063000047

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-01/13/88-01017-014
*****78.75

20
BARNETT JAX
800-5239498>0630000047<
07 120007 3727 01-14 JAX FL
07 120007 01314

*FEDERAL RESERVE BANK REGULATION CC



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 5, 1998

Frank M. Sobol
332 South E. St.
Lake Worth, FL 33460

SUBJECT: THE HELPING HAND COMMUNITY SUPPORT CENTER INC.
Ref. Number: P98000003586

Debit Memo #: 82394-A

This is to inform you that your check #0170 dated January 1, 1998 in the amount of \$78.75 and submitted for THE HELPING HAND COMMUNITY SUPPORT CENTER INC. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$93.75 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) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 798A00006792

cc:The Helping Hand Comm.Support
9797 Orange Blossom Trail
Orlando, Fl. 34741



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1998

Frank M. Sobol
332 South E. St.
Lake Worth, FL 33460

SUBJECT: THE HELPING HAND COMMUNITY SUPPORT CENTER INC.
Ref. Number: P98000003586

Debit Memo #: 82394-A

Due to your failure to respond to our previous letter advising you of the returned check #0170, the Articles of Incorporation for THE HELPING HAND COMMUNITY SUPPORT CENTER INC. have been cancelled and are considered not filed as of March 11, 1998.

The name of your corporation is now available for use.

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

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 698A00013264

cc:The Helping Hand Comm.Support
9797 Orange Blossom Trail
Orlando,Fl. 34741