



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
02/10/2000	02558

DEBIT MEMORANDUM

To: DEPT. OF STATE

P 98 000022332

2

General Revenue Total	0.00
Trust Total	3,053.25
Other Total	0.00
Total	\$3,053.25

800003200648--0

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	72.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	131.25
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	150.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	150.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	150.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	150.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	150.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	300.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	750.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	1,050.00

Grand Total: **\$3,053.25**

02558-I

00 FEB 15 PM 1:00
BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

RECEIVED

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: 01/24/2000

Bill Nelson

State Treasurer

Serie 89CO 1269184
Valparaiso, Prat
Rat 698

5101-01834-01

US\$ 750 =

001-0296

PAGUESE A LA ORDEN DE DEPARTMENT OF STATE DE 20 DE October 1991
Pay to the order of
LA CANTIDAD DE SEVEN THOUSAND AND FIFTY 00/100 0 AL PORADON

DOLARES EE.UU.
U.S. Dollars

Banco de Chile

[Signature]

001269184 0010296 51010183401 00100000075000

3058

DEPT OF STATE 75 450483
FOR DEPOSIT ONLY
-11/16/99--0108--2100
1009068796 *****

1954 17 99

DEC 29 99

(60) 2800 072 230 0642701F73 000

875
1009068796

6940450000

[illegible]



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 16, 2000

Symptom Corp.
5126 S. State Rd. 7
Ft. Lauderdale, FL 33314

SUBJECT: SYMPTOM CORPORATION
Ref. Number: P98000022332

Debit Memo #: 02558-I

This is to inform you that your check #?? dated October 20, 1999 in the amount of \$750.00 and submitted for SYMPTOM CORPORATION has been returned to us by your bank because of No Reason Given.

We request that you remit a cashier's check or money order in amount of \$787.50 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 II
Division of Corporations

Letter number: 700A00008202



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 7, 2000

Symptom Corp.
5126 S. State Rd. 7
Ft. Lauderdale, FL 33314

SUBJECT: SYMPTOM CORPORATION
Ref. Number: P98000022332

Debit Memo #: 02558-I

Due to your failure to respond to our previous letter advising you of the returned check #??, the Reinstatement for SYMPTOM CORPORATION has been cancelled and is considered not filed as of April 7, 2000.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

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

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 600A00019222