

DEBIT MEMORANDUM

* FOR OFFICIAL USE *
* DATE * NUMBER *

TO :
DEPT. OF STATE

P 98000073015

9 8 98 90859

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

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,195.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,195.00	OTHER	4

200002665152--9
-10/16/98-01019-004
*****15.00 *****15.00

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	35.00
012	45-20-2-130001-45300000-00-000100-00	4	70.00
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	1	375.00
012	45-20-2-130001-45300000-00-000100-00	4	550.00

GRAND TOTAL: \$ 1,195.00

90859-2

RECEIVED

SEP 10 1998

200002665152--9
-10/16/98-01019-003
*****70.00 *****70.00

OFFICE ADMIN SERVICES
PERSONNEL

mpe

Process Date: 08/26/98

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