

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER
* 122998 91918
*

TO :
DEPT. OF STATE

P 98 0000 98 379

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	1,460.00	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	1,460.00	OTHER	4	*	*

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		4	61.25
012	45-20-2-130001-45300000-00-000100-00		1	122.50
012	45-20-2-130001-45300000-00-000100-00		1	526.25
012	45-20-2-130001-45300000-00-000100-00		1	750.00

GRAND TOTAL: \$ 1,460.00

91918-B

600002778846--6

Process Date: 11/30/98

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

DWAYNE E MARTINS
5127 104th Street N 727-399-9432
St Petersburg, FL 33708

DATE 11-12-98

1004
63-751/631
BRANCH 00466

PAY TO THE

~~ORDER OF~~ NEPAKTI

NSF UNLESS OTHERWISE MARKED

\$ 192.50

DWE HUBBARD

Payable Funds

AND

Endorsement

DATE

1/20

FIRST UNION

First Union National
Indian Rocks, Florida
RT 063107513

Account Closed

Signatures Missing/Incomplete

State Date

Benefit Banking

FOR DEPOSIT ONLY
⑆063107513⑆1090016336269⑆ 1004 ⑆0000012250⑆

ENDORSE

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-11/17/98--01043--003
1009068796 ****122.50

DO NOT SIGN

000000100105E776 062-07 0630000476

>0630000476
11-18-98
08 083068

NATIONSBANK
800-5239498 >0630000476
08 083068 11-18-98
5760 06 JAX, FL
11/22/98

0001068796 1722
08 051222 1722

SECURITY BANK REGULATORY CC
Security features on this document include a Micro-Print
Signature Line and Security Screen.
Absence of these features may indicate alteration.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 12, 1999

Dwayne E. Martins
5127 104th St. N.
St. Petersburg, FL 33708

SUBJECT: TRIANGLE MEDICAL PRODUCTS OF FLORIDA, INC.
Ref. Number: P98000098379

Debit Memo #: 91918-B

This is to inform you that your check #1004 dated November 12, 1998 in the amount of \$122.50 and submitted for TRIANGLE MEDICAL PRODUCTS OF FLORIDA, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$137.50 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: 599A00001585

cc:Triangle Med.Products of Fl.Inc.
8648 91st Terrace N.
Largo, Fl. 33777



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 18, 1999

Dwayne E. Martins
5127 104th St. N.
St. Petersburg, FL 33708

SUBJECT: TRIANGLE MEDICAL PRODUCTS OF FLORIDA, INC.
Ref. Number: P98000098379

Debit Memo #: 91918-B

Due to your failure to respond to our previous letter advising you of the returned check #1004, the Articles of Incorporation for TRIANGLE MEDICAL PRODUCTS OF FLORIDA, INC. have been cancelled and are considered not filed as of February 17, 1999.

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 II
Division of Corporations

Letter number: 699A00007332

cc: Triangle Med. Products of Fl. Inc.
8648 91st Terrace N.
Largo, Fl. 33777