DEBIT MEMORANDUM

FOR OFFICIAL USE

TO: DEPT. OF STATE

DATE 2-19-99

NUMBER 92617

P98000104420

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE, FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	403.75	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	403.75	OTHER	4	

900002822419-5

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	61.25
012	45-20-2-130001-45300000-00-000100-00	3	70.00
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	4	150.00

GRAND TOTAL: $ 403.75

92617-C

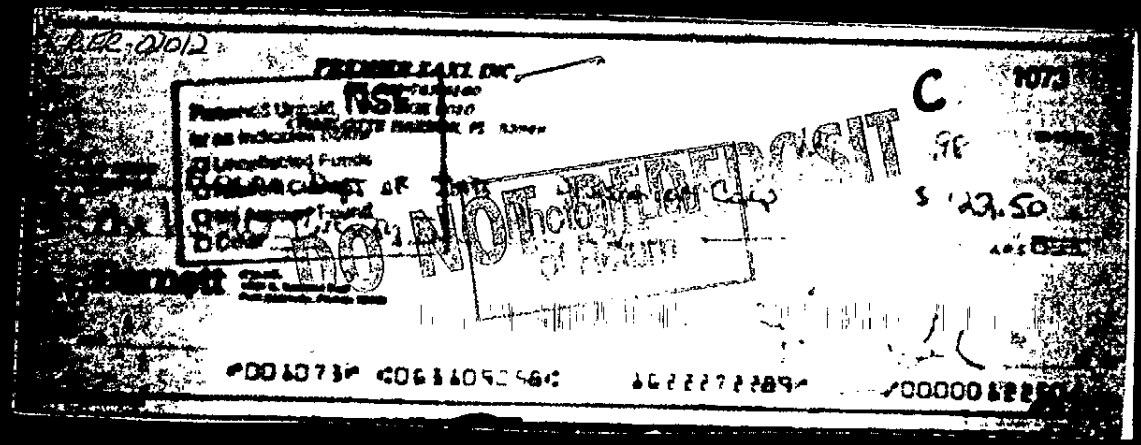
RECEIVED
99 FEB 22 PM 1:49
BUREAU OF PLANNING, BUDGET AND FINANCIAL SERVICES

Process Date: 02/05/99

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


DO NOT
1073
$ 23.50

DEPT OF STATE
FOR DEPOSIT ONLY
12/14/98-01129-017

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 26, 1999

Prompt Courier and Medical Claims Inc.
P.O. Box 5120
Port Charlotte, FL 33949

SUBJECT: PROMPT COURIER AND MEDICAL CLAIMS INC.
Ref. Number: P98000104420

Debit Memo #: 92617-C

This is to inform you that your check #1073 dated December 8, 1998 in the amount of $122.50 and submitted for PROMPT COURIER AND MEDICAL CLAIMS INC. has been returned to us by your bank because of Insufficient 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: 499A00009018

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 29, 1999

Prompt Courier and Medical Claims Inc.
P.O. Box 5120
Port Charlotte, FL 33949

SUBJECT: PROMPT COURIER AND MEDICAL CLAIMS INC.
Ref. Number: P98000104420

Debit Memo #: 92617-C

Due to your failure to respond to our previous letter advising you of the returned check #1073, the Articles of Incorporation for PROMPT COURIER AND MEDICAL CLAIMS INC. have been cancelled and are considered not filed as of March 29, 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: 799A00015756