

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER

TO :
DEPT. OF STATE

87833591129

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

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	285.00	ACCOUNT CLOSED	2	*	2
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	285.00	OTHER	4	*	*

CROSS REF	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	1	50.00
012	45-20-2-130001-45300000-00-000100-00	2	200.00

GRAND TOTAL: \$ 285.00
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91129-A

RECEIVED

OCT 2 1998

PERSONNEL

Process Date: 09/22/98

800002681158--0
-11/05/98-01001-008
*****50.00 *****50.00

mbc

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