

STATE OF FLORIDA  
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
DIVISION OF UNEMPLOYMENT COMPENSATION  
BUREAU OF TAX  
TALLAHASSEE, FLORIDA 32399-0218  
TEL. 904/488-7621

781450

**NOTICE OF TAX LIEN**

Employer:

DEYEL BROTHERS INC  
2435 USA RD  
CORONA FL 32926

Account Number 1202500

Lien Number 5-07227

**\*\* J E O P A R D Y \*\***

Pursuant to the provisions of Section 443.141(3) (a) and (g) Florida Statutes, known as the lien provisions of the Florida Unemployment Compensation Law, notice is hereby given that the above named employer is liable for the payment of contributions to the Unemployment Compensation Fund of Florida. Pursuant to the provisions of said law, the following contributions, interest, penalties, and fees which after demand for payment thereof remain unpaid, and that by virtue of the above mentioned law, the amount of said contributions (taxes) together with interest, penalties, and other costs that may accrue in addition thereto, constitute a lien in favor of STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY upon the title to and interest, whether legal or equitable, in any real property, chattels real, or personal property of said employer.

Periods for which contributions, interest, penalties, and fees have been assessed, and the amounts thereof, are as follows:

Q/YR	TAX DUE	INTEREST THROUGH	PENALTY DUE	SERVICE FEE	FILING FEE
1/84	2,904.00	03/01/95	0.00	0.00	0.00

*Sandy Crawford* Clerk Circuit Court  
Recorded and Verified Brevard County, FL  
# Pgs. 1 # Names 2  
Trust Fund 1.00 Rec Fee 5.00  
Stamp-Fee \_\_\_\_\_ Excise Tx \_\_\_\_\_  
Stamp-Mtg \_\_\_\_\_ Int Tx \_\_\_\_\_  
Service Chg \_\_\_\_\_ Refund \_\_\_\_\_

8K3469163545

904/488-7621 PH 3:30

TOTAL AMOUNT OF TAX LIEN 2,908.00

WITNESS THE OFFICIAL SEAL OF THE STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY, DIVISION OF UNEMPLOYMENT COMPENSATION, at Tallahassee, Florida, this 13th day of MARCH, A.D. 19 95

(407) 488-7621



This instrument prepared by:

Department of Labor and Employment Security  
Caldwell Bldg., Tallahassee, Fla.

AGENCY USE ONLY	
REMIT NO. _____	DATE _____
AMT. \$ _____	DISPOSITION _____
P.M. _____	F.A. _____
REPORTS _____	F.A. NO. _____
F.O. NO. <u>1-4A</u> <u>05</u>	L. ONLY <u>X</u> O. INDEBT. <u>X</u>