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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: ADVANCED FINANCE ADJUSTERS I NC
	(Name of Corporation)
DOC	CUMENT NUMBER: PUSUUUU29 160
The 6	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
TRA	ACY STRONG
	(Name of Person)
-	(Name of Firm/Company)
457	6 1/2 GROVE STREET
	(Address)
WE	ST PALM BEACH, FL 33415
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
TRA	ACY STRONG (Name of Person) at (561) 6978300 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	mdment Section sion of Corporations on Building Executive Center Circle whassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, TRACY E STRONG	hereby resign as VP (Title)	
of <u>advanced</u> (Name of	Finance adjusters, INC	,
POSOO (Document Number, if known)	a corporation organized under the laws of the State of	
FLORIDA	-	
	ST ST	
(8 1 8)	gnature of resigning officer/director)	是原

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314