FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 29 AM 9:49

DOCUMENT # **P98000085457**

1. Corporation Name
ASSET COLLECTION & RECOVERY, INC.

Principal Place of Business	Mailing Address
1689 HIATUS ROAD SUITE 171 PEMBROKE PINES FL 33026	1689 HIATUS ROAD SUITE 171 PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/06/1998

4. FEI Number: 65-0630277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: James S. Lewis, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 500 SE 6th AVE Ste 100
83
84 City: Ft. Lau. FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James Lewis Esq — JAMES S. LEWIS, ESQ — 3-30-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, LESTER		12 NAME	
STREET ADDRESS	1689 HIATUS ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		14 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, PATRICIA A		22 NAME	600003032526--2
STREET ADDRESS	1689 HIATUS ROAD		23 STREET ADDRESS	-11/02/99--01076--001
CITY-ST-ZIP	PEMBROKE PINES FL 33026		24 CITY-ST-ZIP	****450.00 ****150.00
TITLE		☐ DELETE	31 TITLE	DS ☐ Change ☒ Addition
NAME			32 NAME	D. Goldberg
STREET ADDRESS			33 STREET ADDRESS	1689 Hiatus Rd #171
CITY-ST-ZIP			34 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lesterio Shapiro 3-30-99 954 583-1733
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

Florida Department of State
Division of Corporations
Fiscal Office
P..O. Box 6327
Tallahassee, Fl. 32314

ATT: Pat Bailey

Dear Pat:

As per our recent telephone conversation please find enclosed a money order to replace Broward Vending's returned check in the amount of $ 450.00 to renew the following corporations.

1. American National Adjusters Inc. P98000093422
   FEID # 65-0880867

2. Asset Collection & Recovery Inc. P98000085457
   FEID # 65-0630277

3. Certified Adjusters Inc. P98000098642
   FEID # N/A

as we discussed you have waived the addition fee's due to the Department holding the check for several months, I have included below a contact number and address for further reference.

Thank you in advance for your cooperation and concern.

Respectfully,

Daniel Goldberg
1689 Hiatus Rd #171
Pembroke Pines, Fl 33026
954-981-6911