

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

0140

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085457					
1. Corporation Name ASSET COLLECTION & RECOVERY, INC.					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 26 AM 9:49

1. PROCEEDING FOR THE RECOVERY OF ASSETS OF THE CORPORATION

Principal Place of Business 1689 HIATUS ROAD SUITE 171 PEMBROKE PINES FL 33026	Mailing Address 1689 HIATUS ROAD SUITE 171 PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/06/1998 4. FEI Number 65-0630277 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
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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 <u>JAMES S. LEWIS, ESQ</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>500 ST 6th AVE STE 100</u> 83 84 City <u>FT. LAUD.</u> FL 85 Zip Code	
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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 S. Lewis, Esq JAMES S. LEWIS, ESQ 3-30-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, LESTER 1689 HIATUS ROAD PEMBROKE PINES FL 33026	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GRAY, PATRICIA A 1689 HIATUS ROAD PEMBROKE PINES FL 33026	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	25 D5 Goldberg, D 1689 HIATUS RD #171 PEMBROKE PINES, FL 33026
11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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: Lester Shapiro 3-30-99 954 583-1732 Date

CR2E034 (11/98)

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

ATT: Pat Bailey

Dear Pat:

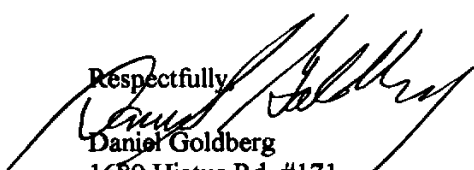
As per our recent telephone conversation please find enclosed a money order to replace Broward Vending's returned check in the amount of \$ 450.00 to renew the following corporations.

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