


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
DOCUMENT # P98000093422		
1. Corporation Name AMERICAN NATIONAL ADJUSTERS, INC.		

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	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1988	4. FEI Number 65-0860867	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 ST STE 100 83 84 City FT. LAUD 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 607.0503, Florida Statutes.

SIGNATURE James S. Lewis, Esq (NOTE: Registered Agent Signature required when registering) JAMES S. LEWIS, ESQ DATE 3-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD GRAY, PATRICIA A <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1689 HIATUS ROAD	12 NAME	700003032627-
STREET ADDRESS	PEMBROKE PINES FL 33026	13 STREET ADDRESS	-11/02/99--01076--00
CITY-ST-ZIP		14 CITY-ST-ZIP	***450.00 ***150
TITLE	SVD SHAPIRO, LESTER A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1689 HIATUS ROAD	22 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33026	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 A. Shapiro 3-30-99 954-583-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

ATT: Pat Bailey

Dear Pat:

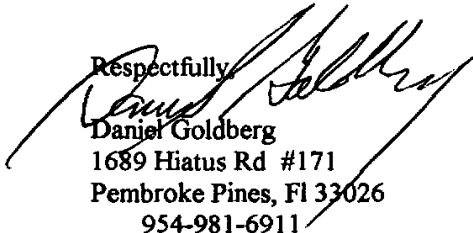
As per our recent telephone conversation please find enclosed a money order to replace Broward Vending's returned check in the amount of \$ 450.00 to renew the following corporations.

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