

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005717 (2)

1. Corporation Name

AMERICAN BANKERS FINANCIAL SERVICES, INC.



Principal Place of Business

1775 RW BERENDS DR SW
GRAND RAPIDS MI 49509

Mailing Address

1775 RW BERENDS DR SW
GRAND RAPIDS MI 49509

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

38-3021890

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCS	<input type="checkbox"/> DELETE
NAME	ROODE, ROGER L	
STREET ADDRESS	7983 PARKSIDE CT	
CITY-STATE-ZIP	JENISON MI 49428	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SALZWEDEL, RICHARD C	
STREET ADDRESS	1142 WHITE PINE	
CITY-STATE-ZIP	WALKER MI 49504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROE, NORMAN	
STREET ADDRESS	4543 SCHOOLCRAFT	
CITY-STATE-ZIP	BELLAIRE MI 49615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISRAEL, JASON	
STREET ADDRESS	11222 QUAIL ROOST DR	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KORSTANGE, ROBERT J	
STREET ADDRESS	709 RUDY NE	
CITY-STATE-ZIP	GRAND RAPIDS MI 49505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'CONNER, STEVE	
STREET ADDRESS	1829 WATERBURY DR SE	
CITY-STATE-ZIP	GRAND RAPIDS MI 49508	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chairman, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Salzweidel, Richard C.	
1.3 STREET ADDRESS	1142 White Pine	
1.4 CITY-STATE-ZIP	Walker, MI 49504	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dannell Faltenmen	
2.3 STREET ADDRESS	5055 Glenboro Dr.	
2.4 CITY-STATE-ZIP	Wyoming, MI 49509	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gene Becker	
3.3 STREET ADDRESS	11222 Quail Roost Dr.	
3.4 CITY-STATE-ZIP	Miami, FL 33157	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerry Gaston	
4.3 STREET ADDRESS	11222 Quail Roost Dr.	
4.4 CITY-STATE-ZIP	Miami, FL 33157	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE O'CONNOR

4-22-96

Date

(616) 531-7733

Daytime Phone #

CR2E034 (12/95)