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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 49509-4993

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

04/26/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCS	<input type="checkbox"/> DELETE
NAME	ROODE, ROGER L	
STREET ADDRESS	7963 PARKSIDE CT	
CITY - ST - ZIP	JENISON MI 49428	
TITLE	VC D	<input type="checkbox"/> DELETE
NAME	SALZWEDEL, RICHARD C	
STREET ADDRESS	1142 WHITE PINE	
CITY - ST - ZIP	WALKER MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROE, NORMAN	
STREET ADDRESS	4543 SCHOOLCRAFT	
CITY - ST - ZIP	BELLAIRE MI 49615	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FALTERMAN, DARRELL	
STREET ADDRESS	5035 GLENBORO DR	
CITY - ST - ZIP	WYOMING MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KORSTANGE, ROBERT J	
STREET ADDRESS	709 RUDY NE	
CITY - ST - ZIP	GRAND RAPIDS MI 49505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'CONNER, STEVE	
STREET ADDRESS	1829 WATERBURY DR SE	
CITY - ST - ZIP	GRAND RAPIDS MI 49508	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	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 - ST - ZIP	Walker, MI 49504	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steve Williams	
2.3 STREET ADDRESS	11222 Quail Roost Dr.	
2.4 CITY - ST - ZIP	Miami, FL 33157	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerald Gaston	
3.3 STREET ADDRESS	11222 Quail Roost Dr.	
3.4 CITY - ST - ZIP	Miami, FL 33157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEVE O'CONNOR	
6.3 STREET ADDRESS	1829 WATERBURY DR SE	
6.4 CITY - ST - ZIP	KENTWOOD, MI 49508	

14. I do 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 and final 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97 616-531-7733

CR2E034 (9/96)