

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

38-3021890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SALZWEDEL, RICHARD C	
STREET ADDRESS	1142 WHITE PINE	
CITY-ST-ZIP	WALKER MI	

TITLE	VC D	<input checked="" type="checkbox"/> DELETE
NAME	SALZWEDEL, RICHARD C	
STREET ADDRESS	1142 WHITE PINE	
CITY-ST-ZIP	WALKER MI	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROE, NORMAN	
STREET ADDRESS	4543 SCHOOLCRAFT	
CITY-ST-ZIP	BELLAIRE MI 49615	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, STEVE	
STREET ADDRESS	11222 QUAIL ROOST DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GASTON, GERALD	
STREET ADDRESS	11222 QUAIL ROOST DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	T, VP	<input type="checkbox"/> DELETE
NAME	O'CONNER, STEVE	
STREET ADDRESS	1829 WATERBURY DR SE	
CITY-ST-ZIP	KENTWOOD MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ragnhild de Franks	
1.3 STREET ADDRESS	11222 Quail Roost Dr.	
1.4 CITY-ST-ZIP	Miami, FL 33157	

2.1 TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arthur W. Hegen	
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	Mike Casale	
3.3 STREET ADDRESS	11222 Quail Roost Dr.	
3.4 CITY-ST-ZIP	Miami, FL 33157	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jason Israel	
4.3 STREET ADDRESS	11222 Quail Roost Dr.	
4.4 CITY-ST-ZIP	Miami, FL 33157	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roger Roode	
5.3 STREET ADDRESS	7963 Parkside Ct.	
5.4 CITY-ST-ZIP	Jenison, MI 49428	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Steve O'Conner STEVE O'CONNER

2/24/98 64222-8221

CR2E034 (10/97)