

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

FILED
Jan 22 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 # **F96000001375 (2)**

1. Corporation Name

AMERICAN BUSINESS FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

**111 PRESIDENTIAL BLVD., #215
BALA CYNWYD PA 19004**

**111 PRESIDENTIAL BLVD., #215
BALA CYNWYD PA 19004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

87-0411807

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

2. Principal Place of Business

21

2a. Mailing Address

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AKERMAN SENTERFITT & EIDSON, P.A.
216 S. MONROE ST., #300
TALLAHASSEE FL 32301-1859**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **V**
LEVIN, DAVID M
STREET ADDRESS **111 PRESIDENTIAL BLVD., STE. 215**
CITY-ST-ZIP **BALA CYNWYD PA**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V**
RUBEN, JEFFREY
STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S**
SANTILLI, BEVERLY
STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TDC**
SANTILLI, ANTHONY
STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
KAUFMAN, RICHARD
STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
BECKER, LEONARD
STREET ADDRESS **111 PRESIDENTIAL BLVD., #215**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

6.1 TITLE ☐ Change ☐ Addition

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

[Handwritten Signature]

CR2E034 (10/97)