## 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 # F9600001375

1. Corporation Name

AMERICAN BUSINESS FINANCIAL SERVICES, INC.

		envices, ave.						
Principal Place	e of Business	Mailing Address				()  <b>76</b>     <b>20</b>     <b>4</b>	<b>#1 (1880)</b> 31331 1	8 8 6 1 2 111 1 1 <b>3 4</b> 1
111 PRESIDENT	TAL BLVD #215	111 PRESIDENTIAL BLVD	#215					
BALA CYNWYD PA 19004 BALA CYNWYD PA 19004					DO NOT WE	TE IN TUIC C	DACE	
					DO NOT WRI	IE IN THIS S	PACE	<del></del>
					3. Date Incorporated or Qualifed			
		T = 80 115 A 144			03/18/1996 4. FEI Number		1 An	plied For
_ `	lace of Business	2a. Mailing Address					<u> </u>	Applicable
21		26			87-0411807		\$8.75 A	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		Fee Re	
22		27 City & State			a Floring Commiss Financing	<del></del>		
City & State	e	<u>⊢</u> ₁ ′		÷	Election Campaign Financing     Trust Fund Contribution		\$5.00   Added to	, ,
23 Zin	Country	<b>28</b>	Count	nv —	<del></del>	ont year Intan	~	-
Zip	<del></del> .		30	• •	<ol> <li>This corporation owes the curr Personal Property Tax.</li> </ol>	_	igible ⊒Yes	DXNo
24	9. Name and Address of Current	Pegistered Agent	1301		10. Name and Address of New F			
	9, Name and Address of Current	Registered Agent	8	1 Name_		^		
AKFF	RMAN SENTERFITT & EIDSON, P.	A.	L	Cog	POLENTOS SERVICES	-0-00 PA	<b>!</b>	
	S. MONROE ST., #300		8		ress (P.O. Box Number is Not Accepta	able) '	•	
	AHASSEE FL 32301-1859		ءَ ا	1201	HAYS STREET			
17355	34170022 . 2 02001 1000		١	ಿ ಲುಕ್ಟ	E 105			
			8	4 City			85 Zip C	ode
		1002 1500 51 11 0	*	IALL	ALASSEE	nurnese of ch	323	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was a	uthorized t	iv the corporation	on's board of directors. I hereby accep	pt the appoint	ment as req	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statute	es.	_	1-	<u>.</u>	
SIGNATURE	Mauren !	Calle De	SST.	Jece -	つっこく・ナンシハブ	417/19	<del>19</del>	j
					1465655		· <u>·</u>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature required		DATE	DIRECTO	RS IN 12
12.	OFFICERS AND	and title if applicable. (NOTE ) DIRECTORS	Registered As		d when reinstating) ADDITIONS/CHANGES TO OF			
12.	OFFICERS AND	and title if applicable. (NOTE	13.				DIRECTO	RS IN 12
12. TITLE NAME	V OFFICERS AND LEVIN, DAVID M	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TITLE	:				
12. TITLE NAME STREET ADDRESS	V LEVIN, DAVID M 111 PRESIDENTAL BLVD., STE.	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E EET ADDRESS				
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**BALA CYNWYD PA 19004** 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 3 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

OFFICER OR DIRECTOR Levin GIVP 4/11/49 SIGNATURE:

May 06, 1999 8:00 am Secretary of State

05-06-1999 90137 023 \*\*\*150.00

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CR2E034 (11/98)