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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001375

1. Corporation Name
AMERICAN BUSINESS FINANCIAL SERVICES, INC.

Principal Place of Business
111 PRESIDENTIAL BLVD., #215
BALA CYNWYD PA 19004

Mailing Address
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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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
CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83 SUITE 105
84 City
TALLAHASSEE FL 85 Zip Code
32309

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 *Maureen Cullen*
Signature, typed or printed name of registered agent and title if applicable.

ASST. VICE-PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE *David M. Levin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)