## 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 # **F97000004278**1. Corporation Name

**BINGHAM FINANCIAL SERVICE CORPORATION** 

Principal Place of Business

Mailing Address

## **FILED** Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90007 034 \*\*\*150.00



31700 MIDDLEBI FARMINGTON H		31700 MIDDLEBELT STE 145 FARMINGTON HILLS MI 48334				DO NOT WRITE IN THIS S	SPACE	≣	
						3. Date Incorporated or Qualifed 08/14/1997			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Арр	lied For
21 260 East Brown St. 26 260 East				Brown St.		. 38-3313951		Not	Applicable
Suite, Apt. a	0.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing	\$5	۸ 00.	lay Be
23 Birm	indram, MI	28 Birmingham, MI			MI	Trust Fund Contribution Added to Fees			
Zip	Country	Zip		intry		8. This corporation owes the current year Inta-			<b></b>
24 4800		29 48009	30	<u>)</u> င	<u>akland</u>		∐ Yes	<u> </u>	QNo
	9. Name and Address of Current I	Registered Agent		0.1		10. Name and Address of New Registered A	gent		
BURKE, NANCY M ESQ.				81	Name				
	E COLLEGE AVE STE 1200	•			Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301								
IALL	AIROSEL I L SESUI			83					ļ
				84	City	FI	85	Zip C	ode
44 Diseasement 6	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the a	hove	named corno	pration submits this statement for the purpose of o	hangii	na its r	egistered
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						t when reinstating) DATE			
	Signature, typed or printed name of registered agent a		Registered	i Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIR	CTOP	RS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	1.1 Ti	m F		ADDITIONS/OFFAROLS TO OFF ISERTS AND	∏ Ch		Addition
TITLE	SHIFFMAN, MILTON M			1.2 NAME			_	•	_
NAME	31700 MIDDLEBELT ROAD STE 1	145			ADDRESS	•			
STREET ADDRESS	FARMINGTON HILLS MI 48334	, , , , , , , , , , , , , , , , , , ,							
CITY-ST-ZIP			2.1 ∏	ITY-ST	-212		☐ Ch	ange	Addition
TITLE	SHIFFMAN, GARY A	□ becc.:-			'	•	_	•	_
NAME	31700 MIDDLEBELT ROAD STE 1	145	2.2 NAME		1000000				
STREET ADDRESS	FARMINGTON HILLS MI 48334		2.3 STREET 2.4 CTTY-S			and the second second		,	. ,
CITY-ST-ZIP		☐ DELETE	2.4 C		1-ZP		□ Ch	ange	Addition
TITLE	ST JORISSEN, JEFFREY P							-	_
NAME	31700 MIDDLEBELT ROAD STE 1	145	3.2 NAME 3.3 STREE		ADDOCCE				}
STREET ADDRESS	FARMINGTON HILLS MI 48334	ITV							
CITY-ST-ZIP TITLE	FARMINGTON FILLS IN 40334	☐ DELETE	4,1 T	ITY-S	1-ZIP		Ch	ange	Addition
	And the state of						_	•	_
NAME	1		4. 2 NAME 4.3 STREET		ADDRESS	•			1
STREET ADDRESS									{
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1		· 41°	100	T Ch	ange	Addition
TITLE	Dereie			2 NAME				<b>J</b> -	_
NAME					ADDRESS				ł
STREET ADDRESS				FTY-ST					1
CITT-SI-ZIF			6.1 T				☐ Ch	ange	Addition
TITLE			0		1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS