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PROFIT CORPORATION ANNUAL REPORT
1997

P97000013219

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 30 PM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~[illegible]~~ (M 13219)

1. Corporation Name
American Finance Services, Inc.

Principal Place of Business
520 Brickell Key #1606
Miami, FL 33131

Mailing Address

3. Date Incorporated or Qualified: March 21, 1985
3a. Date of Last Report:

2. Principal Place of Business
21 520 Brickell Key
22 Suite, Apt. #, etc. #1606
23 City & State: Miami FL
24 Zip: 33131
25 Country:

2a. Mailing Address
26 520 Brickell Key
27 Suite, Apt. #, etc. #1606
28 City & State: Miami FL
29 Zip: 33131
30 Country:

4. FEI Number: 59-2519281 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Glenn G. Kolk
520 Brickell Key #1606
Miami, FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	W. Joseph Imhoff	12 NAME	
STREET ADDRESS	520 Brickell Key #1606	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	14 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Glenn G. Kolk	22 NAME	
STREET ADDRESS	520 Brickell Key #1606	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do 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: Glenn G. Kolk Glenn G. Kolk July 29, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #