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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001737 (3)

AAA MORTGAGE AND FINANCIAL CORPORATION

Principal Place of Business

S643-A 28TH ST., S.E.
GRAND RAPIDS MI 49512

3. Date Incorporated or Qualified
O4/08/1996

2. Principal Place of Business
21 3643A 28th Street SE
Suite, Apt #, etc
D/A

City & State

City & State

Grand Rapids MI

Zip 49512

Couply

Country

A Strice of Business

22 Country

A Strice of Status Desired

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A Strice of Status Desired

Country

B. This corporation has liability for

FILED Feb 03 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable



Suite, Apt #, etc	Suite, Apt. #, etc. 27			n/a		5. Certificate of	Status Desired		\$8.75 / Fee Re		
City & State 23 Grand Rapids	X T	City & State Rap 28				6. Election Cam Trust Fund C			\$5.00 Added t		
LIP AREST	Country Kent	^{Ζιρ} 49512	II	untry ent			tion has liability fo			. 199.032,	
24 49512 25 Kent 29 49512 30 R					Florida Statutes Yes No 10. Name and Address of New Registered Agent						
		edisteren yderir		81	Name	10, Name and A	GOTOSS OF NOW P	redistelec	Agent		
C T CORPORATION SYSTEM						-1-					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)							
				83	_,	n/a n/a	·····		,		
						u/a					
				84	City n/			FL	n/a		
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 1)/17											
	inted name of registered agent a			ed Age	nt signature requi	red when reinstating)		DATE			
12.	OFFICERS AND D	DELETE	13.			ADDITIONS/C	HANGES TO OFF	ICERS AND			
TITLE PDC	MOULE D	□ nèreit	1.1 (IILE IAME					Change	L. Addition	
	THE THE THE TENT OF THE TENT O					•					
					ADDRESS						
· · · · · · · · · · · · · · · · · · ·	IDS MI 49512			ITY-ST	T-ZIP						
TITLE S		☐ DELETE	2.1 T	ITLE					Change	Addition	
NAME WALKER, MA			221	IAMÉ							
STREET ADDRESS 3643-A 28TH			2.3 9	TREET	ADDRESS						
	IDS MI 49512		2 41	CITY-S	T-ZIP						
THE		☐ DELETE	311	ITLE					☐ Change	☐ Addition	
NAME			32 N	IAME							
STREET ADDRESS			338	TREET	ADDRESS						
CITY - ST - ZIP			3 4. (CITY-S	F-ZIP						
TITLE		☐ DELETE	41T	ITLE					Change	Addition	
NAME			4 2	NAME							
STREET ADDRESS			4.3 9	THEET	ADDRESS						
CPTY-ST-7IP			440	HY-ST	r-ZIP						
TITLE		☐ DELETE	51 T	ITLE					Change	Addition	
NAME			5.2 h	LAME							
STREET AODRESS			538	TREET	ADDRESS						
CITY-ST-7/P			5.4 0	ITY+ST	r- ZIP						
TITLE	····	DELETE	61 T						Change	Addition	
NAME			621	IAME							
STREET ADDRESS			638	TREET	ADDRESS		ð				
CITY-SI-7IP			640	OTY-SE	r-71P						
14. I do hereby certify that the	information supplied w	ith this filing does not qu	alify for the	exer	nption state	d in Section 119.07(3	3)(i), Florida Statut	tes. I furthe	certify that	the	

4. 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.
Michael D. Anderson
1-21-97
616-957-0200

SIGNATURE: STANATURE AND TYPES OR PRINTED THAT OF STANAH OF STANAH