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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **K40835** **(6)**

1. Corporation Name
C&A MORTGAGE COMPANY, INC.

Principal Place of Business	Mailing Address
4483 N.W. 36TH ST. #111 MIAMI SPRINGS FL 33166 US	4483 N.W. 36TH ST. #111 MIAMI SPRINGS FL 33166-7260 US

3. Date Incorporated or Qualified: 10/25/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 2380 Diane Drive
Suite, Apt. #, etc.
22 Suite 7
City & State
23 Hallandale Florida
Zip 24 33009 Country 25 USA

2a. Mailing Address
26 2380 Diane Dr.
Suite, Apt. #, etc.
27 Suite 7
City & State
28 Hallandale, Florida
Zip 29 33009 Country 30 USA

4. FEI Number: 65-0080984 ☐ 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
RANCE, LESLIE
1920 N.E. 208TH TERRACE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: DONALD LAPPAGE
82 Street Address (P.O. Box Number is Not Acceptable): 2380 Diane Drive
83 Suite 7
84 City: Hallandale FL 85 Zip Code: 33009

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 X Donald Lappage Signature, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3-26-97.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	RANCE, LESLIE		1.2 NAME	DONALD LAPPAGE	
STREET ADDRESS	1920 N.E. 208TH TERRACE		1.3 STREET ADDRESS	2380 Diane Drive, Suite 7	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	Hallandale, Fl 33009	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 Donald Lappage 3-26-97 954-454-1508