

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091061 (9)

C.F.C., UNLIMITED CARE OF JACKSONVILLE, INC.

EXCEPT WHERE SHOWN THIS SPACE

1. Principal Office (City and State) RT 3 BOX 1693 CALLAHAN FL 32011		2. Mailing Address RT 3 BOX 1693 CALLAHAN FL 32011	
3. Date of Report (Month/Day/Year) 12/15/1994		3a. Date of Last Report	
4. Filing Number 59-3283621		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	
7. This corporation has authority for which the fee is being paid Florida Statutes ☒ Yes ☐ No			
21. Principal Office (City and State) RT 3 BOX 1693 CALLAHAN FL 32011	26. Mailing Address RT 3 BOX 1693 CALLAHAN FL 32011	27. State Agent # (City & State) RT 3 BOX 1693 CALLAHAN FL 32011	30. General Agent # (City & State) RT 3 BOX 1693 CALLAHAN FL 32011

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLE, ROBERT H
RT 3 BOX 1693
CALLAHAN FL 32011

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 adoption of Sections 607, 608, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME PD BOLE, ROBERT H RT 3 BOX 1693 CALLAHAN FL 32011	1. NAME ☐ Change ☐ Addition	2. NAME VSTD BOLE, JOHNNA RT 3 BOX 1693 CALLAHAN FL 32011	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME	4. NAME	4. NAME
5. NAME	5. NAME	6. NAME	6. NAME
7. NAME	7. NAME	8. NAME	8. NAME
9. NAME	9. NAME	10. NAME	10. NAME
11. NAME	11. NAME	12. NAME	12. NAME
13. NAME	13. NAME	14. NAME	14. NAME
15. NAME	15. NAME	16. NAME	16. NAME
17. NAME	17. NAME	18. NAME	18. NAME
19. NAME	19. NAME	20. NAME	20. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02, Florida Statutes. I further certify that the information included 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 this corporation or the executive function empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form, with an address.

SIGNATURE:

Johnna Bole Johnna Bole
SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR

4/12/95

9048792486

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COMPROMISE
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
RECEIVED
TALLAHASSEE, FLORIDA

APPROVED
12/19/94

DOCUMENT # **P94000091411 (6)**

To: Corporation Name

THE MORTGAGE CLINIC, INC.

12/19/94 11:21:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

90 N.E. 41 STREET
SUITE 4
MIAMI FL 33055

Mailng Address

90 N.E. 41 STREET
SUITE 4
MIAMI FL 33055

DO NOT WRITE IN THESE SPACES

3. Date of Incorporation (Month/Day/Year) 12/19/1994	3a. Date of Last Report NIA
4. Filing Fee 65-0545675	5. Additional Fee \$8.75
6. Corporation Status (Domestic/Foreign) Domestic	7. Additional Fee \$5.00
8. Corporation has liability for delinquency No	9. Additional Fee \$0.00

21. Principal Place of Business 540 N.W. 165 Street Rd.	22. Suite Suite-306	23. City Miami, FL	24. State U.S.A.	25. Zip 33169
26. Mailing Address 540 N.W. 115 Street Road.	27. Suite Suite-306	28. City Miami, FL	29. State U.S.A.	30. Zip 33169

9. Name and Address of Current Registered Agent

SCHLEHUBER, TIM I
10710 WASHINGTON STREET
APT. 111
PEMBROKE PINES FL 33025

10. Name and Address of Now Registered Agent

81. Name FL	82. State FL	83. City FL	84. Zip FL
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11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation, hereby certifies that the parties and changes registered with the Secretary of State, in the State of Florida, have been authorized by the corporation to be filed with the Secretary of State, in the State of Florida, and that the corporation is in compliance with the laws of the State of Florida.

Signature: **Tim I. Schlehuber (Tim I. Schlehuber)**

12. Name Tim I. Schlehuber	13. Name Tim I. Schlehuber
Address 10710 Washington Street Apt-111	Address 10710 Washington Street Apt-111
City Miami, FL	City Miami, FL
State FL	State FL
Zip 33169	Zip 33169

14. I, the undersigned, certify that the information supplied with this report is complete, correct and does not contain any false or misleading information. I further certify that the information supplied with this report is true and accurate and that the corporation is in compliance with the laws of the State of Florida.

SIGNATURE: **Tim I. Schlehuber**

4-12-98 (305) 449-9342

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000091785 (3)

For Corporation Name

M & CM MANAGEMENT, INC.

APPROVED
FILED

RECEIVED
MAY 10 1995
CORPORATION
DIVISION OF STATE

Principal Place of Business
**17553 FIELDBROOK CIRCLE
BOCA RATON FL 33496**

Mailing Address
**17553 FIELDBROOK CIRCLE
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **3a. Date of Last Report**

12/20/1994

4. FET Number **65-0547273** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Election Campaigns Finance and ☐ **\$5.00 May Be**
Trust Fund Contributions **Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ **Yes** ☒ **No**

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

25. City/State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREIT, RICHARD H
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

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 607.0602 and 607.1518, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Date

12. OFFICERS AND DIRECTORS

1. TITLE	D
NAME	LACOFF, MARTIN
STREET ADDRESS	17553 FIELDBROOK CIRCLE
CITY, ST, ZIP	BOCA RATON FL 33496
1. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I certify, under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.032(1)(b), 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 registered agent or representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 on this report. I have changed, or am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407 994 3499