

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

FILED
Aug 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000048349 (1)**

1. Corporation Name

CARE FREE MORTGAGE, INC.



Principal Place of Business

**8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33026**

Mailing Address

**8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0589381

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **111 N.W. 183 St.**

Suite, Apt. #, etc.

22 **# 512**

City & State

23 **Miami FL**

Zip

24 **33179**

Country

25 **1**

2a. Mailing Address

26 **111 N.W. 183 St**

Suite, Apt. #, etc.

27 **# 512**

City & State

28 **Miami FL**

Zip

29 **33179**

Country

30

9. Name and Address of Current Registered Agent

**ABATE, RONALD
8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

81 Name

Abate Ronald

82 Street Address (P.O. Box Number is Not Acceptable)

111 NW 183 St #512

83

84 City

Miami

FL

85 Zip Code

33179

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D ABATE, RONALD**
STREET ADDRESS **8002 MIAMI LAKES DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33026**

TITLE ☐ DELETE

NAME **D ABATE, LINDA**
STREET ADDRESS **8002 MIAMI LAKES DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33026**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME **D ABATE, RONALD**
13 STREET ADDRESS **111 NW 183 St #512**
14 CITY-ST-ZIP **Miami FL 33179**

2.1 TITLE ☒ Change ☐ Addition

22 NAME **D ABATE ~~Ronald~~ Linda**
23 STREET ADDRESS **111 NW 183 St #512**
24 CITY-ST-ZIP **Miami FL 33179**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

CR2E034 (10/97)