

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90020 015 \*\*\*150.00

DOCUMENT # **P95000048349**

1. Corporation Name

**Care Free Mortgage, Inc. ✓**

Principal Place of Business

Mailing Address

**8002 Miami Lakes DR.  
Miami Lakes, FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 **111 NW 183 St #512**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Miami, FL**

27

City & State

City & State

23 **33179**

28

Zip Country

Zip Country

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25

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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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Ronald Abate  
4000 SW 146 Ave  
Miramar FL 33027**

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

**Ronald Abate President**

**4-27-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☐ DELETE

NAME **Ronald Abate**

STREET ADDRESS **4000 SW 146 AV**

CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **vice President** ☐ DELETE

NAME **Linda Abate**

STREET ADDRESS **4000 SW 146 AV**

CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **Treasurer** ☐ DELETE

NAME **LISA Abate**

STREET ADDRESS **4000 SW 146 AV**

CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **Secretary** ☐ DELETE

NAME **AMY Abate**

STREET ADDRESS **4000 SW 146 AV**

CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

**Ronald Abate Pres**

**Ronald Abate**

**4-27-99**

Date

**954-441-7268**

Daytime Phone #

CR2E034 (11/98)