

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 5 PM 4:38

DOCUMENT # 611217 (1)

1. Corporation Name
RESOURCE CAPITAL CORPORATION

Principal Place of Business Mailing Address
5215 W LAUREL ST., STE 202 5215 W LAUREL ST., STE 202
TAMPA FL 33607 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/27/1979 3a. Date of Last Report 04/19/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 4100 W. KENNEDY BLVD.		26 4100 W. KENNEDY BLVD.		59-1909486		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22 SUITE 327		27 SUITE 327		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 TAMPA, FLORIDA		28 TAMPA, FLORIDA					
Zip Country		Zip Country					
24 33609-2290 25		29 33609-2290 30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MELO, O. E. 5215 W LAUREL ST., STE 202 TAMPA FL 33607				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 4100 W. KENNEDY BLVD.			
				83 SUITE 327			
				84 City TAMPA FL 85 Zip Code 33609-2290			

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
(Signature Speed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELO, O E	1.2 NAME	
STREET ADDRESS	4015 BAYSHORE BLVD, 10C	1.3 STREET ADDRESS	5513 INTERBAY BLVD.
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	TAMPA, FL 33611-4734
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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: [Signature] O. E. Melo 1/20/95
DATE: _____ (Month/Year)