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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 611217

(1)

Mailing Address

RESOURCE CAPITAL CORPORATION

FILED Apr 08 1997 8:00am Secretary of State

Daytime Phone #



4100 W. KENNEDY BLVD. SUITE 327 TAMPA FL 33809-2290 US		4100 W. KENNEDY BLVD. Suite 327 Tampa Fl 33609-2290 US	SUITE 327 TAMPA FL 39609-2290			3. Date Incorporated or Qualified 02/27/1979		ate of Last R 08/1996	leport
9 Principal D	lace of Business	2a. Mailing Address				4. FEI Number	1 04		oplied For
· ·	IRCC OF COOL ROOS	 	 			59-1909486		<u> </u>	
Suite, Apt.	# ole	Suite Apt # etc	Suite, Apt. #, etc.			39 1909400			ot Applicable
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	├-¬ '			6. Election Campaign Financing			
23			28		Trust Fund Contribution				
Zφ	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent				10, Name and Address of New Hegistered Agent				Agent	
MELO, O. E.				'	Name				
) w. Kennedy Blvd.		82 Street Addre			ddress (P.O. Box Number is Not Acceptate	le)		
•	E 327								
TAM	PA FL 33609		83						
			84	4	City		· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
			*	`	Ung		FL	. 00 2.5	0000
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 reg	instead Agent and tile (angleable / NOTE	Registered Ar	000	ot signature re-	Quired when reinstating)	DATE		
12.		ERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TILE	PTD	DELETE	1.1 TITLE					Change	Addition
NAME	MELO OF		12 NAME	:	[-	
STREET ADDRESS	5513 INTERBAY BLVD				ADODECC				
	TAMPA, FL 00000			1.3 STREET ADORESS 1.4 CITY-ST-ZIP					
CHY SI ZIP 117LF			2.1 TITLE	_	- ZIP			Change	Addition
				2.2 NAME				C) Change	
NAME									
STREET ADDRESS				2.3 STREET ADDRESS					
City - St - ZiP		DELETE	2. 4 CITY-ST-ZIP		-ZiP			☐ Change	Addition
TITLE		☐ DECEIE	3.1 TITLE	i i				L. Griange	Addition
NAME			1	3.2 NAME		•			
STREET ADDRESS				3.3 STREET ADDRESS					
CITY · ST · ZIP			3.4. CITY-ST		T-ZIP			TT 2.	
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM	E	-				
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				
CITY-ST ZIP			4.4 CITY		1- 2 (P			- Jane	
TITLE			5.1 TITLE		J			Change	Addition Addition
NAME	521		5.2 NAME	:					
STREET ADDRESS			5.3 STREE	ET A	address				
CITY-ST-ZIP			5.4 CiTY-	ST	i-21P				
TITLE			61 TITLE					Change	Addition
NAME			6.2 NAME	-					
STREET ADDRESS			6.3 STREE	ET A	ADDRESS				
City+St+ZiP			64 CITY-	ST-	[-2IP				
14. I do hereb	by certify that the information	supplied with this filing does not qualify	for the ex	en	motion stat	ted in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the
Lam an ol	flicer or director of the corpo	port or supplemental annual report is tri ration or the receiver or trustee empoweringed or on an attachment with an add	ered to exe	our	rate and thute this rep	hat my signature shall have the same lega port as required by Chapter 607, Florida S	ii effect a Statutes; a	s if made un and that my i	der oath; that name

O.E. Melo