

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:56

DOCUMENT # **F19225** (4)

1. Corporation Name

RESOURCE REAL ESTATE CORPORATION

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

Mailing Address
**5215 W LAUREL ST., STE 202
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/11/1981** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business

2a. Mailing Address

21 **4100 W. KENNEDY BLVD.**

2a **4100 W. KENNEDY BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 327**

27 **SUITE 327**

City & State

City & State

23 **TAMPA, FLORIDA**

28 **TAMPA, FLORIDA**

Zip

Country

Zip

Country

24 **33609-2290**

25

29 **33609-2290**

30

4. FEI Number

59-2053930

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 607.1908, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MELO, O.E.**
STREET ADDRESS **4015 BAYSHORE BLVD, 10C**
CITY - ST - ZIP **TAMPA FL**

1. TITLE Change Addition
12 NAME
13 STREET ADDRESS **5513 INTERBAY BLVD.**
14 CITY - ST - ZIP **TAMPA, FL 33611-4734**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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:

O. E. Melo

O. E. Melo

1/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title #