

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -1 AM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 681547 (6)

1. Corporation Name

RESOURCE AMERICA MORTGAGE, INC.

Principal Place of Business

Mailing Address

1700 66TH ST N.
SUITE 301
ST. PETERSBURG FL 33710

1700 66TH ST N.
SUITE 301
ST. PETERSBURG FL 33710

800001401998

-02/09/95--01073--006

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1980

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

2a. Mailing Address

21 TWO UNIVERSITY PLAZA

26 TWO UNIVERSITY PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2019412

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

TRUST AMERICA SERVICE CORP.
1700 66TH ST N.
STE 301
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

CI CORPORATION SYSTEM

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

83

84 City

1200 SOUTH PINE ISLAND ROAD
PLANTATION

FL

85

Zip Code

33324

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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

TIMOTHY E. CARLSON
ASSISTANT SECRETARY

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	PRIETO, ANGELO C.	1700 66TH STREET NORTH	ST. PETERSBURG FL 33710
D	DAVIS, STEWART E.	1700 66TH STREET NORTH	ST. PETERSBURG FL 33710
D	HOGUE, HENLEY CUSTIS IV	2500 N. TOWER	DALLAS TX

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		TWO UNIVERSITY PLAZA	HACKENSACK, NJ 07602
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		1014 WOODLIEF TRAIL	ROCKPORT, TX 78664
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 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)(k), 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 it made under oath; that I am an officer or director of the corporation or its 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 as changed, or in an addition with an addition.

SIGNATURE:

Signature and typed or printed name of signing officer or director
ANGELO C. PRIETO

1/19/95

(201) 489-6120