

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 681547 (6)

1. Corporation Name

RESOURCE AMERICA MORTGAGE, INC.



Principal Place of Business

Mailing Address

~~TWO UNIVERSITY PLAZA  
HACKENSACK NJ 07602~~

~~TWO UNIVERSITY PLAZA  
HACKENSACK NJ 07602~~

5501 Independence Pkwy  
Plano TX 75023

#314

2. Principal Place of Business

2a. Mailing Address

21

26

5501 Independence Parkway

3. Date Incorporated or Qualified  
08/08/1980

3a. Date of Last Report  
02/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

314

4. FEI Number  
59-2019412

Applied For  
Not Applicable

City & State

City & State

23

28

Plano TX

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

75023

30

USA

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME PRIETO, ANGELO C.  
STREET ADDRESS TWO UNIVERSITY PLAZA  
CITY-ST-ZIP HACKENSACK NJ 07602

☐ DELETE

TITLE D  
NAME DAVIS, STEWART E.  
STREET ADDRESS TWO UNIVERSITY PLAZA  
CITY-ST-ZIP HACKENSACK NJ 07602

☐ DELETE

TITLE D  
NAME HOGE, HENLEY CUSTIS IV  
STREET ADDRESS 2500 N. TOWER  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
1.2 NAME PRIETO, ANGELO C.  
1.3 STREET ADDRESS 5501 INDEPENDENCE PKWY #314  
1.4 CITY-ST-ZIP PLANO, TX 75023

2.1 TITLE DIRECTOR, SECRETARY ☒ Change ☐ Addition  
2.2 NAME DAVIS, STEWART E.  
2.3 STREET ADDRESS 906 Woodlief Trail  
2.4 CITY-ST-ZIP Round Rock TX 78664

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 the statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)