FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -7 PM 3:02

DOCUMENT # G45588 (2)

1. Corporation Name
PMC CAPITAL, INC.

Principal Place of Business	Mailing Address
18301 BISCAYNE BLVD. 2ND FL. S. N. MIAMI BCH FL 33160	18301 BISCAYNE BLVD. 2ND FL. S. N. MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1983
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2338439 ☐ 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
ROSEMORE, FREDRIC M. 18301 BISCAYNE BLVD. 2ND FL. S. NORTH MIAMI BEACH FL 33160	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd. Ste. 435 S 83 84 City: Hollywood FL 85 Zip Code: 33021

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	11 TITLE	☐ Change ☐ Addition
NAME	ROSEMORE, FREDRIC M.	12 NAME	
STREET ADDRESS	18301 BISCAYNE BLV 2 FL	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	ROSEMORE, LANCE B.	22 NAME	
STREET ADDRESS	18301 BISCAYNE BLV 2 FL	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ROSEMORE, ANDREW	32 NAME	
STREET ADDRESS	18301 BISCAYNE BLV 2 FL	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BORISH, IRVIN	42 NAME	
STREET ADDRESS	211 WILDWOOD CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	ROSEMORE, MARION	52 NAME	RUWITCH, LEE
STREET ADDRESS	18301 BISCAYNE BLVD. 2ND FL	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, MARTHA	62 NAME	
STREET ADDRESS	UNDERWD RD AT 43RD N HWY	63 STREET ADDRESS	
CITY-ST-ZIP	RUSSELLVILLE AL	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)(i), 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: Lance B. Rosemore 1-31-95 214-380-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0173700 CP