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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **G45588** **(2)**

1. Corporation Name
PMC CAPITAL, INC.

Principal Place of Business
4000 HOLLYWOOD BLVD.
STE 435-S
HOLLYWOOD FL 33021

Mailing Address
4000 HOLLYWOOD BLVD.
STE 435-S
HOLLYWOOD FL 33021-6751

3. Date Incorporated or Qualified: **06/14/1983**
3a. Date of Last Report: **06/11/1996**
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROSEMORE, FREDRIC M.
4000 HOLLYWOOD BLVD., STE. 435 S
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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	CBD	☐ DELETE
NAME	ROSEMORE, FREDRIC M.	
STREET ADDRESS	4000 HOLLYWOOD BLVD. STE 435-S	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DPS	☐ DELETE
NAME	ROSEMORE, LANCE B	
STREET ADDRESS	4000 HOLLYWOOD BLVD. STE 435-S	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DVT	☐ DELETE
NAME	ROSEMORE, ANDREW B	
STREET ADDRESS	4000 HOLLYWOOD BLVD. STE 435-S	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE
NAME	BORISH, IRVIN	
STREET ADDRESS	211 WILDWOOD CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ DELETE
NAME	RUWITCH, LEE	
STREET ADDRESS	601 BRICKELL KEY DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	GREENBERG, MARTHA	
STREET ADDRESS	UNDERWD RD AT 43RD N HWY	
CITY-ST-ZIP	RUSSELLVILLE AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130200