FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039163 (8)

1. Corporation Name

RESIDENTIAL CREDIT TECHNOLOGIES, INC.

Principal Place of Business

595 NE 92 ST
MIAMI SHORES FL 33138
US

Mailing Address

595 NE 92 ST
MIAMI SHORES FL 33138-3162
US

3. Date Incorporated or Qualified **05/25/1994**	3a. Date of Last Report **03/20/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0501299**	Applied For
21		**26**			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
22		**27**			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23		**28**			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	**25**	**29**	**30**		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
JAY MILLER 595 NE 92 ST MIAMI SHORES FL 33138	**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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MILLER, JAY J		1.2 NAME			
STREET ADDRESS	7620 NE 7 COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP			
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	COLLEDGE, JON A		2.2 NAME			
STREET ADDRESS	10855 SW 112TH AVE., #105		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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: _____ Jay J. Miller, President 3/6/97 305-754-2738