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May 14 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 # P95000090343 (1)

1. Corporation Name
MORTGAGE INCOME CAPITAL, INC.

Principal Place of Business	Mailing Address
~~132 10TH AVENUE NO., SUITE 102~~ ~~SAFETY HARBOR FL 34695~~	~~132 10TH AVENUE NO., SUITE 102~~ ~~SAFETY HARBOR FL 34695-3407~~

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business
21 501 W. Horatio St.
Suite, Apt. #, etc.
22 N/A
City & State
23 TAMPA FL
Zip 24 33606 Country 25 U.S.

2a. Mailing Address
26 P.O. Box 159
Suite, Apt. #, etc.
27 N/A
City & State
28 Tampa Springs FL
Zip 29 34688-0159 Country 30 U.S.

4. FEI Number: 59-3387649 ☐ 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

ZAVODNY, R. JOHN
~~132 10TH AVENUE NO., SUITE 102~~
~~SAFETY HARBOR FL 34695~~

10. Name and Address of New Registered Agent

81 Name: R. John Zavodny
82 Street Address (P.O. Box Number is Not Acceptable): 501 W. Horatio St.
83
84 City: Tampa FL 85 Zip Code: 33606

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: R. John Zavodny — Signature, typed or printed name of registered agent and title if applicable
(NAME - Registered Agent signature required when reinstating)
DATE: 4/30/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	ZAVODNY, R. JOHN		1.2 NAME		
STREET ADDRESS	~~132 10TH AVENUE NO., SUITE 102~~		1.3 STREET ADDRESS	501 W. Horatio St.	
CITY-ST-ZIP	~~SAFETY HARBOR FL 34695~~		1.4 CITY-ST-ZIP	TAMPA FL 33606	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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: [illegible] DATE: 873-