

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:25

DOCUMENT # F94000003535 (1)

1. Corporation Name

STANDARD MORTGAGE ACQUISITION CORP.

Principal Place of Business

Mailing Address

5775-D PEACHTREE DUNWOODY ROAD
SUITE 100
ATLANTA GA 30342

5775-D PEACHTREE DUNWOODY ROAD
SUITE 100
ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

4. FEI Number
58-2115452

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. 199.039, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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)

(Print Name of Registered Agent Signature Required when the holder is not a natural person)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, CLIFFORD A	1.2 NAME	Kelly Byers
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	1.3 STREET ADDRESS	5775-D Peachtree Dunwoody Rd
CITY ST ZIP	ATLANTA GA	1.4 CITY ST ZIP	Atlanta, Ga 30342 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD	2.1 TITLE	
NAME	DUNKLE, TERRY K	2.2 NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANTASKI, DENNIS J	3.2 NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, JAMES R	4.2 NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	4.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	4.4 CITY ST ZIP	
TITLE	PCEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, KEVIN J	5.2 NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	5.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	5.4 CITY ST ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKELL, BETTY L	6.2 NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY ROAD	6.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	6.4 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 199.039(b), 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: *Kelly Byers* Kelly Byers, Vp
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

April 13, 1995 (404) 843-
1-686 8020