

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90011 029 ***150.00

05-02062

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001459

1. Corporation Name
SOUTH CENTRAL MORTGAGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1701 N. GREENVILLE AVE. STE. 403
RICHARDSON TX 75081

Mailing Address
1701 N. GREENVILLE AVE. STE. 403
RICHARDSON TX 75081

3. Date Incorporated or Qualified
03/21/1997

4. FEI Number
75-2277331

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 owes the current year Intangible Personal Property Tax. Yes No

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

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

9. Name and Address of Current Registered Agent
HOLLIS, JIM
551 S APOLLO
SUITE 103
MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	ETTER, TODD	
STREET ADDRESS	1701 N. GREENVILLE AVE. STE. 403	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWEINSBERG, KURT	
STREET ADDRESS	1701 N. GREENVILLE AVE. STE. 403	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUNGER, LINDA	
STREET ADDRESS	1701 N. GREENVILLE AVE. STE. 403	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CRISWELL, JANICE	
STREET ADDRESS	1701 N. GREENVILLE AVE. STE. 403	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST DEBORAH NUGENT
5.3 STREET ADDRESS	1701 N. GREENVILLE AVE., STE. 403
5.4 CITY-ST-ZIP	RICHARDSON, TX 75081
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Kurt Schweinsberg 2-1-99 972-231-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)