

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858418 (7)
1. Corporation Name
CITIZENS MORTGAGE CORPORATION OF GEORGIA



Principal Place of Business Mailing Address
900 CIRCLE 75 PKWY.
SUITE 1500
ATLANTA GA 30339
900 CIRCLE 75 PKWY.
SUITE 1500
ATLANTA GA 30339

3. Date Incorporated or Qualified 11/10/1983
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 same as above Suite, Apt. #, etc.	2a. Mailing Address 26 same as above Suite, Apt. #, etc.	4. FEI Number 58-0834754 Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FORMICA, MARK J. 1 CITIZENS PLAZA PROVIDENCE RI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP BALSAMO, VINCENT	1.2 NAME	
STREET ADDRESS	2201 MANCHESTER EXPRESSWAY, SUITE 200	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS GA	1.4 CITY-STATE-ZIP	
TITLE	CEOD STEINOUR, STEVE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CITIZENS PLAZA PROVIDENCE RI	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2300 Brookstone Centre Parkway
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	CFO THOMPSON, MARK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 CIRCLE 75 PKWY, STE 1500 ATLANTA GA	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	S LOWRY, DONNA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CITIZENS PLAZA PROVIDENCE RI	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	D CUMMINGS, HERBERT W.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CITIZENS PLAZA PROVIDENCE RI	5.2 NAME	Spirito, Jeanette L.
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

March 4, 1996

(770) 952-8933

Date

Day/Time Phone #

CR2E034 (12/95)