

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005302 (5)

1. Corporation Name
SOUTHERN MORTGAGE REPORTING, INC.



Principal Place of Business: **6010 DAWSON BLVD. NORCROSS GA 30093**
Mailing Address: **6010 DAWSON BLVD. NORCROSS GA 30093**

3. Date Incorporated or Qualified: **11/22/1993**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **58-1974408**
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

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

9. Name and Address of Current Registered Agent
**JONES, CRISTY
1211 QUEEN ELAINE DR.
CASTLEBERRY FL 32707**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____
(Signature type for printed name of the person listed in Block 12 or 13) (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | CEO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMAHAN, KYLE | 1.2 NAME | |
| STREET ADDRESS | 2657 HENDERSON RIDGE RD. | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | TUCKER GA 30084 | 1.4 CITY-STATE-ZIP | |
| TITLE | PCFO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOENIG, CRAIG J | 2.2 NAME | |
| STREET ADDRESS | 989 PAYTON WAY | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | TUCKER GA 30084 | 2.4 CITY-STATE-ZIP | |
| TITLE | EV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, JOHN | 3.2 NAME | |
| STREET ADDRESS | 2511 GLEN EAGLES DR. | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | TUCKER GA 30084 | 3.4 CITY-STATE-ZIP | |
| TITLE | S | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, JULIE | 4.2 NAME | |
| STREET ADDRESS | 2024 LOST FOREST LANE | 4.3 STREET ADDRESS | 575 Greenview Avenue |
| CITY-STATE-ZIP | CONYERS GA | 4.4 CITY-STATE-ZIP | Conyers, GA 30208 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/22/96 770/416-6877 ext 114
Date Date/Phone #

CR2E034 (12/95)