

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

FILED

**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30093-1225
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3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 01/26/1996
4. FEI Number 58-1974408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CRISTY
~~1211 QUEEN ELAINE DR.~~ **380 S.E. Mizner Blvd**
~~CASTLEBERRY FL 32707~~ **Apt. 1721**
Boca Raton, FL 33432

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	MCPAHAN, KYLE
STREET ADDRESS	2657 HENDERSON RIDGE RD.
CITY - ST - ZIP	TUCKER GA 30084
TITLE	PCFO <input type="checkbox"/> DELETE
NAME	KOENIG, CRAIG J
STREET ADDRESS	989 PAYTON WAY
CITY - ST - ZIP	TUCKER GA 30084
TITLE	EV <input type="checkbox"/> DELETE
NAME	STEWART, JOHN
STREET ADDRESS	2511 GLEN EAGLES DR.
CITY - ST - ZIP	TUCKER GA 30084
TITLE	S <input type="checkbox"/> DELETE
NAME	WHITE, JULIE
STREET ADDRESS	575 GREENVIEW AVENUE
CITY - ST - ZIP	CONYERS GA
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	802 White Rock Trail
2.3 STREET ADDRESS	Suwanee, GA 30174
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: *[Signature]* **3/25/97** Date **770/416-6877 Ext 114** Daytime Phone #

CR2E034 (9/96)