

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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1974408	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		25		30	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JONES, CRISTY  
380 SE MIZNER BLVD  
APT 1721  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81	Name	JONES, CRISTY
82	Street Address (P.O. Box Number is Not Acceptable)	9481 OAK GROVE CIRCLE
83		
84	City	DAVIE
85	Zip Code	FL 33328

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	MCMAHAN, KYLE	1.2 NAME	
STREET ADDRESS	2657 HENDERSON RIDGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	1.4 CITY-ST-ZIP	
TITLE	PCFO	2.1 TITLE	
NAME	KOENIG, CRAIG J	2.2 NAME	
STREET ADDRESS	802 WHITE ROCK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUWANEE GA	2.4 CITY-ST-ZIP	
TITLE	EV	3.1 TITLE	
NAME	STEWART, JOHN	3.2 NAME	
STREET ADDRESS	2511 GLEN EAGLES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	WHITE, JULIE	4.2 NAME	
STREET ADDRESS	575 GREENVIEW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONYERS GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

CRAIG J. KOENIG 1/3/98 770-729-1776

CR2E034 (10/97)