

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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>11/22/1993</b>	
4. FEI Number <b>58-1974408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>JONES, CRISTY</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>9481 OAK GROVE CIRCLE</b>	
83	
84 City <b>DAVIE</b>	85 Zip Code <b>FL 33328</b>

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	CEO	<input type="checkbox"/> DELETE
NAME	<b>MCMAHAN, KYLE</b>	
STREET ADDRESS	<b>2657 HENDERSON RIDGE RD.</b>	
CITY-ST-ZIP	<b>TUCKER GA 30084</b>	
TITLE	PCFO	<input type="checkbox"/> DELETE
NAME	<b>KOENIG, CRAIG J</b>	
STREET ADDRESS	<b>802 WHITE ROCK TRAIL</b>	
CITY-ST-ZIP	<b>SUWANEE GA</b>	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JOHN</b>	
STREET ADDRESS	<b>2511 GLEN EAGLES DR.</b>	
CITY-ST-ZIP	<b>TUCKER GA 30084</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WHITE, JULIE</b>	
STREET ADDRESS	<b>575 GREENVIEW AVENUE</b>	
CITY-ST-ZIP	<b>CONYERS GA</b>	
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 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 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* 1/31/98 770-729-1776

CR2E034 (10/97)