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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF CO	RPORAT	IONS					
DOCUMENT # F9400000824 (2) MEGO MORTGAGE CORPORATION									
MEGO	MUNICIAGE CONFONAT	ION							
Principal Place of	of Business	Mailing Address					GOLLI DENH GERN		O CERCH DIDI 1001
210 INTERSTATE NORTH PARKWAY 210 INTERSTATE NORTH PA									
SUITE 250 SUITE 250									
atlanta ga	30339	ATLANTA GA 30339				3. Date Incorporated or Qualified	3a. Date of		
						02/18/1994	02/	13/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 88-0286042		\rightarrow	pplied For lot Applicable	
21		26 Suite Ant # ata						Additional	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing	F-7	\$5.00) May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for in Florida Statutes Yes		nder s	199.032,
24	25		0			Florida Statutes Yes 10. Name and Address of New R		ent	
	9. Name and Address of Curr	ent Registered Agent		31 N	ame	10. Haine and Address of New Y	-		
O T CORPORATION OVOTEN						(D.O. David Landau in Not Associate	10)		
	RPORATION SYSTEM		ľ	32 S	treet Adi	dress (P.O. Box Number is Not Acceptab	ю)		
1200 S. PINE ISLAND RD. PLANTATION FL 33324				83					
PLANTATION PL 33324				.4	ia.			85 Zip	Code
				1	ity		ᅡᆫᅵ		
or registere familiar with	of the provisions of sections of sections of the deagent, or both, in the State of Fight and accept the obligations of, Signature, typed or printed name of registered as	orida. Such change was authorized ection 607,0505, Florida Statutes.	LIV II I II CA	лрога		oration submits this statement for the pur and of directors. I hereby accept the apport	DATE	gistered 	agent. I am
12.	ig side, typed of printer have or registered as		13.			ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	
TITLE	PD	☐ DELETE	1. 1 TITLE			V		Change	Addition
NAME	COHEN, JEROME J		1.2 NA/	1.2 NAME		TAMES A BEATER	PKV.		
STREET ADDRESS	ZIO MILLIOIALE NOME			REET ADI	ORESS	DIO INTER STATE NOATH	, 1 <i>19</i>		
CITY - S1 - ZIP	THE STITE OF THE S					ATLANTA , 6 A. 3033	7	Change	☐ Addition
TITLE	VID			2 1 TITLE			ب	Ondingo	
NAME	THEODER D			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	210 Interstate North PKY. Atlanta ga 30339		1	2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				3. 1 TITLE				Change	☐ Addition
NAMÉ	MAYERSON, DON A	_ • •	3.2 NA						
STREET ADDRESS	210 INTERSTATE NORTH	PKY.	3.3. ST	REET AC	DRESS				
CITY-ST-ZiP	ATLANTA GA 30339		3.4 CIT	3.4 CITY-ST-ZIP				A	
TITLE	40			4. 1 TITLE				Change	Addition
NAME	MOORE, JEFF S		4.2 NA		[
STREET ADORESS	210 INTERSTATE NORTH	PKY.		REET AD	- 1				
CITY-SI-ZIP	ATLANTA GA 30339	☐ DELETE	4.4 CD 5. 1 TI	(Y-S1-2	CIP.			Change	Addition
THILE			5.2 NA				_	-	_
NAME COREST ADDRESS				REET AD	DRESS				
STREET ADDRESS GITY-ST-ZIP				TY-ST-2	1				
TITLE		☐ DELETE	6 1 T					Change	☐ Addition

CiTY-ST-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 cath; 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.

62 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: _

STREET ADDRESS

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #