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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **F9400000824 (2)**

MEGO MORTGAGE CORPORATION

Principal Place of Business Mailing Address 1000 PARKWOOD CIR 5TH FLR 1000 PARKWOOD CIR 5TH FLR ATLANTA GA 30339-2131 ATLANTA GA 30339 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1994 04/29/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 88-0286042 Not Applicable Suite, Apt. #, etc. Suite Apt # rito \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zio. 8. This corporation has liability for intangible tax under s. 199.032, Yes K No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ri C T CORPORATION SYSTEM Name 1200 S. PINE ISLAND RD. 62 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 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 Stgnard by typicalse printed halos left eguisterial accircland tatear applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11" LE 11 TITLE Cohen, Jerome J NAME 1.2 NAME Cohen, Jerome J. 210 INTERSTATE NORTH PKY. STREET ADDRESS 1.3 STREET ADDRESS 1125 N.E. 125th Street, Suite 206 ATLANTA GA 30339 1.4 CITY - \$1 - 2IP N. Miami, FL 33161 CHTY - ST - ZIP □ DELETE TITLE VTD 21 TITLE Change Addition HIRSCH, HERBERT B NAME 2.2 NAME Rirsch, Herbert B 210 INTERSTATE NORTH PKY. 2.3 STREET ADDRESS STREET ADDRESS 4310 Paradise Road ATLANTA GA 30339 2 4 CITY-ST-ZIP CITY - ST - ZIP Las Vegas, NV 89109 VSD DELETE Addition TOLE 3.1 TO LE Change MAYERSON, DON A NAME 3.2 NAME Mayerson, Don A 210 INTERSTATE NORTH PKY. 3.3 STREET ADDRESS STREET ADDRESS 1125 N.E. 125th Street, Suite 206 atlanta ga 30339 CHY-ST-ZIE 3.4 CITY-ST-ZIP N. Miami, FL 33161 ۷Ď DELETE Change ___ Addition TITLE 4.1 TITLE MOORE, JEFF S 4 2 NAME NAME Moore, Jeffrey S. 210 INTERSTATE NORTH PKY. STREET ACCRESS 4.3 STREET ADDRESS 1000 Parkwood Circle, Fifth Floor Atlanta, GA 30339 V/T ATLANTA GA 30339 4.4 CITY - ST - ZIP C(TY-S1-ZIP Change DELETE Addition THUE 5.1 TITLE BEHTER, JAMES L NAME 5.2 NAME Belter, James L. 210 INTERSTATE NORTH PKWY STREET ADDRESS 5.3 STREET ADDRESS 1000 Parkwood Circle, Fifth Floor altanta ga CITY-ST-ZIE 5.4 CITY - ST - ZIP Atlanta, GA 30339 TOTLE DELETE 6.1 1/TLE V/S NAME 6.2 NAME Bellacosa, Robert V. STREET ADDRESS **6.3 STREET ADDRESS** 1000 Parkwood Circle, Fifth Floor 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 11907(3)(i), Forica 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 or an attachment with an address.

SIGNATURE:

SIGNATURE ALL TYPED OR PHINTED THANK OF SIGNING OFFICER OR PHICTOR James L. Belter, Executive Vice President

1/8/97 (770) 952–6700

FILED

Jan 21 1997 8:00am

Secretary of State

Daytime Phone #

CR2E034 (9/96)