

AMENDED & holds.

~~SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.~~
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 19 AM 11:00

DOCUMENT # F94000000824
1. Corporation Name

Mego Mortgage Corporation

Principal Place of Business Mailing Address
1000 Parkwood Circle, Sixth Floor
Atlanta, GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 12, 1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		88-0286042		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24		25		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President, Director
NAME	Jeffrey S. Moore	1.2 NAME	Wm. Paul Raiser
STREET ADDRESS	1000 Parkwood Circle, 6th Floor	1.3 STREET ADDRESS	1000 Parkwood Circle, 6th Floor
CITY-ST-ZIP	Atlanta, GA 30339	1.4 CITY-ST-ZIP	Atlanta, Ga 30339
TITLE		2.1 TITLE	Director
NAME		2.2 NAME	John D. Williamson, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	3712 Miramar Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dallas, TX 75205
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Robert H. Chastain
STREET ADDRESS		3.3 STREET ADDRESS	1000 Parkwood Circle, 6th Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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14. I 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 in an attachment with an address.

SIGNATURE: _____ Robert H. Chastain, Secr. (770)952-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)