

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90022 041 ***150.00

0523946

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004260

1. Corporation Name
SOUTHEAST MORTGAGE FINANCIAL SERVICES INC.



Principal Place of Business
**620 STARKS BLDG.
 455 SOUTH FOURTH AVE.
 LOUISVILLE KY 40202**

Mailing Address
**620 STARKS BLDG.
 455 SOUTH FOURTH AVE.
 LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
07/27/1998

4. FEI Number
61-1294436

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> DELETE
NAME	POOLE, J. MICHAEL	
STREET ADDRESS	455 S. FOURTH AVE., STE. 610	
CITY-ST-ZIP	LOUISVILLE KY 40202-2509	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUIGLEY, JOHN	
STREET ADDRESS	9405 MILLBROOK RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STORY, FRANKIE J	
STREET ADDRESS	7098 DISTRIBUTION DR., STE. E	
CITY-ST-ZIP	LOUISVILLE KY 40258	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HATFIELD, STEVE	
STREET ADDRESS	455 S. FOURTH AVE., STE. 620	
CITY-ST-ZIP	LOUISVILLE KY 40202-2509	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Todd Wurtsmith	
1.3 STREET ADDRESS	982 N. Bardstown Road	
1.4 CITY-ST-ZIP	Mt. Washington, KY 40047	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cheryl Fusselman	
2.3 STREET ADDRESS	455 S. 4th Ave., Ste 620	
2.4 CITY-ST-ZIP	Louisville, KY 40202	
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/4/99 DAYTIME PHONE #: 502-581-1699

CR2E034 (1/198)