

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **371774** (1)
1. Corporation Name
AMERIFIRST MORTGAGE CORPORATION

Principal Place of Business Mailing Address
**245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US** **245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US**

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

3. Date incorporated or Qualified 3a. Date of Last Report
10/26/1970 **03/23/1994**

4. FEI Number Applied For
59-1319622 Not Applicable

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 has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 _____
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MCQUEEN, JOHN M
STREET ADDRESS	245 PEACHTREE CENTER AVE. STE. 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	DS
NAME	CORRIGAN, RICHARD
STREET ADDRESS	245 PEACHTREE CENTER AVE. STE. 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	DP
NAME	DAVIS, JOSEPH M
STREET ADDRESS	245 PEACHTREE CENTER AVE. STE. 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	DST
NAME	STRICKLAND, EDD M
STREET ADDRESS	245 PEACHTREE CENTER AVE. STE. 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FAYE O. Haack	
3. STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
4. CITY - ST - ZIP	Atlanta, GA. 30303	
2. TITLE	D/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Richard Corrigan	
3. STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
4. CITY - ST - ZIP	Atlanta, GA. 30303	
3. TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	Candall D. Alford	
3.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
3.4 CITY - ST - ZIP	Atlanta, GA. 30303	
4.1 TITLE	D/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Deborah Y. Chandler	
4.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
4.4 CITY - ST - ZIP	Atlanta, GA. 30303	
5.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. Michael Barganier	
5.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
5.4 CITY - ST - ZIP	Atlanta, GA. 30303	
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 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)(b), 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: *Randall D. Alford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall D. Alford, President

4/10/95 280 6394
AW 4-13-95