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**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 552326 (1)**

1. Corporation Name  
**AMERIFIRST DEVELOPMENT CORPORATION**



Principal Place of Business	Mailing Address
<del>100 COLONY SQ BOX 68 SUITE 2200 ATLANTA GA 30361 US</del>	<del>100 COLONY SQ BOX 68 SUITE 2200 ATLANTA GA 30301-0200 US</del>

2. Principal Place of Business	2a. Mailing Address
21   <b>1701 West Peachtree NE</b>	26   <b>1701 West Peachtree NE</b>
22   <b>SUITE 1800</b>	27   <b>SUITE 1800</b>
23   <b>ATLANTA, GA</b>	28   <b>ATLANTA, GA</b>
24   <b>30319</b>   25   <b>US</b>	29   <b>30319</b>   30   <b>US</b>

3. Date Incorporated or Qualified <b>12/01/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1795016</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEMS  
1200 SO. 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	<b>FL</b>   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, 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, Sections 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<del>DP CORRIGAN, RICHARD</del>	1.1 TITLE	<b>DP THOMPSON, GARY L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>100 COLONY SQ BOX 68 ATLANTA GA 30361</del>	1.2 NAME	
CITY-STATE-ZIP	<del>ATLANTA GA 30361</del>	1.3 STREET ADDRESS	<b>1701 West Peachtree NE - Suite 1800</b>
TITLE	<b>DVPS</b>	1.4 CITY-STATE-ZIP	<b>ATLANTA, GA 30319</b>
NAME	<b>RAY, PATRICIA J</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 COLONY SQ BOX 68</b>	2.2 NAME	
CITY-STATE-ZIP	<b>ATLANTA GA 30361</b>	2.3 STREET ADDRESS	
TITLE	<b>DVPS</b>	2.4 CITY-STATE-ZIP	
NAME	<b>FARRELL, CHARLES P JR</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>100 COLONY SQ BOX 68</b>	3.2 NAME	
CITY-STATE-ZIP	<b>ATLANTA GA 30361</b>	3.3 STREET ADDRESS	
TITLE	<b>DST</b>	3.4 CITY-STATE-ZIP	
NAME	<del>ROSSETTI, JOHN P</del>	4.1 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>100 COLONY SQ BOX 68</del>	4.2 NAME	<b>LAWRENCE W. LOCKWOOD</b>
CITY-STATE-ZIP	<del>ATLANTA GA 30361</del>	4.3 STREET ADDRESS	<b>1701 West Peachtree NE - Suite 1800</b>
TITLE	<del>VPAS</del>	4.4 CITY-STATE-ZIP	<b>ATLANTA, GA 30319</b>
NAME	<del>HAACK, FAYE O</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>245 PEACHTREE CENTER AVE, SUITE 1100</del>	5.2 NAME	
CITY-STATE-ZIP	<del>ATLANTA GA 30308</del>	5.3 STREET ADDRESS	
TITLE		5.4 CITY-STATE-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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 contained 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: *Gary L. Thompson* **3-17-97** **404-817-1411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
0012780

CR2E034 (9/96)