


***SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 1201 WEST PEACHTREE N.E. STE. 1800 ATLANTA GA 30318 US

Mailing Address: 1201 WEST PEACHTREE N.E. STE. 1800 ATLANTA GA 30319 US

JUL 13 1998

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1910 Pacific Ave, Dallas, TX 75201

2a. Mailing Address: 26 1910 Pacific Ave, Dallas, TX 75201

3. Date Incorporated or Qualified: 12/01/1977

4. FEI Number: 59-1795016

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, GARY L.	
STREET ADDRESS	1201 WEST PEACHTREE N.E., STE. 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	100 COLONY SQ BOX 88	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P JR	
STREET ADDRESS	100 COLONY SQ BOX 88	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	LOCKWOOD, LAWRENCE W.	
STREET ADDRESS	1201 WEST PEACHTREE N.E., STE. 1800	
CITY-ST-ZIP	ATLANTA GA	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mel Yarbrough	
1.3 STREET ADDRESS	1910 Pacific Ave	
1.4 CITY-ST-ZIP	Dallas, TX 75201	
2.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daniel M. Bell	
2.3 STREET ADDRESS	1910 Pacific Ave.	
2.4 CITY-ST-ZIP	Dallas, TX 75201	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William J. Thomas, III	
3.3 STREET ADDRESS	1910 Pacific Ave.	
3.4 CITY-ST-ZIP	Dallas, TX 75201	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Randy M. Just	
4.3 STREET ADDRESS	1910 Pacific Ave.	
4.4 CITY-ST-ZIP	Dallas, TX 75201	
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. On an attachment with an address.

SIGNATURE: _____ 8/11/98 973-761-8547

CR2E034 (5/98)