

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 645926
1. Corporation Name

AMERIFIRST FLORIDA TRUST COMPANY

Principal Place of Business Mailing Address
245 Peachtree Ctr. Ave. 245 Peachtree Ctr. Ave.
Suite 1100 Suite 1100
Atlanta, GA. 30303 Atlanta, GA. 30303

800001490758
-05/17/95--01049--020
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 245 Peachtree Ctr. Ave		26 245 Peachtree Ctr. Ave		59-1951357		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite 1100		27 Suite 1100		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Atlanta, GA		28 Atlanta, GA					
Zip	Country	Zip	Country				
24 30303	25 USA	29 30303	30 USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Stearns, Weaver, Miller Alhadeff, et c/o Alison Miller 150 W. Flagler Street, #2200 Miami, Florida 33130				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 agent 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 title if applicable (NOTE: Purpose of Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	DIP Richard Corrigan
STREET ADDRESS		13 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		14 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	DIVP J. Michael Barganier
STREET ADDRESS		23 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		24 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	DIVP Joseph M. Davis
STREET ADDRESS		33 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		34 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	DIST Deborah Y. Chandler
STREET ADDRESS		43 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		44 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	DIVAS Faye O. Harck
STREET ADDRESS		53 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		54 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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: J. Michael Barganier 4-11-95 404/230-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

J. Michael Barganier, Vice President