

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

APPROVED  
AND  
FILED

96 MAY 01 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **645926 (7)**

1. Corporation Name  
**AMERIFIRST FLORIDA TRUST COMPANY**



Principal Place of Business	Mailing Address
<b>245 PEACHTREE CTR AVE. STE. #1100 ATLANTA GA 30303 US</b>	<b>245 PEACHTREE CTR AVE. STE. #1100 ATLANTA GA 30303 US</b>

3. Date Incorporated or Qualified <b>11/21/1979</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>FDIC-100 Colony Sq. Box 68 Ste. 2300</b>	2a <b>FDIC- 100 Colony Sq.</b>
22 Suite, Apt. #, etc. <b>2300</b>	27 Suite, Apt. #, etc. <b>2300</b>
23 City & State <b>Atlanta, GA</b>	28 City & State <b>Atlanta, GA</b>
24 Zip <b>30361</b>	29 Zip <b>30361</b>
25 Country <b>USA</b>	30 Country <b>USA</b>

4. FEI Number <b>59-1951357</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STEARNS, WEAVER, MILLER, ALHADEFF, ET AL  
C/O ALISON MILLER  
150 W. FLAGLER ST., #2200  
MIAMI FL 33130**

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 607.1506, 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 (check one that applies) \_\_\_\_\_  
Date of Signature \_\_\_\_\_  
Date of Appointment \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>CORRIGAN, RICHARD</b>	
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., #1100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARGANIER, MICHAEL</b>	
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., #1100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JOSEPH M</b>	
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE. #1100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>CHANDLER, DEBORAH Y</b>	
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE. STE. #1100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	<b>HAACK, FAYE O</b>	
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE. STE. #1100</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard Corrigan</b>	
1.3 STREET ADDRESS	<b>100 Colony Sq. Box 68 Ste. 2300</b>	
1.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30361</b>	
2.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Patricia J. Ray</b>	
2.3 STREET ADDRESS	<b>100 Colony Sq. Box 68 Ste. 2300</b>	
2.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30361</b>	
3.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Charles P. Farrell, Jr.</b>	
3.3 STREET ADDRESS	<b>100 Colony Sq. Box 68 Ste. 2300</b>	
3.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30361</b>	
4.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Scott W. Chandler</b>	
4.3 STREET ADDRESS	<b>100 Colony Sq. Box 68 Ste. 2300</b>	
4.4 CITY-ST-ZIP	<b>Atlanta, GA. 30361</b>	
5.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>John P. Rossetti</b>	
5.3 STREET ADDRESS	<b>100 Colony Sq. Box 68 Ste. 2300</b>	
5.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30361</b>	
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)(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: \_\_\_\_\_  
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard Corrigan**  
Date: **9/1/89** Day, the Month of **September**

CR2E034 (12/95)