

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 645926 (7)

1. Corporation Name
AMERIFIRST FLORIDA COMPANY

Principal Place of Business 5080 SPECTRUM DRIVE SUITE 100E DALLAS TX 75248 US	Mailing Address 5080 SPECTRUM DRIVE SUITE 100E DALLAS TX 75248 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	1910 Pacific Ave	26	1910 Pacific Ave	11/21/1979		59-1951357		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22 Office 16-098		27 Office 16-098		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes		No	
23 Dallas, TX		28 Dallas, TX				No			
Zip		Zip							
24 75201		29 75201							
Country		Country							
25 us		30 us							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEARNS, WEAVER, MILLER, ALHADEFF, ET AL C/O ALISON MILLER 150 W. FLAGLER ST., #220 MIAMI FL 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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERSCHEM, KURT W.		1.2 NAME	John Schug	
STREET ADDRESS	FDIC 1201 W PEACHTREE ST, STE 1800		1.3 STREET ADDRESS	1910 Pacific Ave #16-098	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Dallas, Tx 75201	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, PATRICIA J		2.2 NAME	William Thomas, III	
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800		2.3 STREET ADDRESS	1910 Pacific Ave, #16-098	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Dallas, Tx 75201	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL JR., CHARLES		3.2 NAME	John H. Fisher	
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800		3.3 STREET ADDRESS	1910 Pacific Ave, #16-098	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Dallas, Tx 75201	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, LAWRENCE W.		4.2 NAME		
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	DAS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GARY L.		5.2 NAME		
STREET ADDRESS	FDIC 1201 W PEACHTREE ST, STE 1800		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, or on an attachment with an address.

SIGNATURE: *John Schug* John Schug 1-15-98 1-800-568-9161

CR2E034 (10/97)