

FJLE 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

DOCUMENT # H-40398

1. Corporation Name

AMERIFIRST CAPITAL CORPORATION

500001817815
-05/13/96--01019--017
***200.00

900001817819
-05/13/96--01019--018
***8.75

Principal Place of Business

Mailing Address

21. Principal Place of Business
FDIC-100 Colony Sq. Box 68

2a. Mailing Address
FDIC-100 Colony Sq. Box 68

22. Suite, Apt. #, etc.
Ste. 2200

26. Suite, Apt. #, etc.
Ste. 2200

23. City & State
Atlanta, GA.

27. City & State
Atlanta, GA.

24. Zip
30361

25. Country
USA

29. Zip
30361

30. Country
USA

3. Date Incorporated or Qualified
1-30-85

3a. Date of Last Report
4/7/95

4. FEI Number
59-2500381

Applied For
Not Applicable

5. Certificate of Status Desired X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South 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

FL

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 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 (Applicable)

(If Applicable) Registered Agent Signature required when not substituted

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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. TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Patricia J. Ray	
3. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
4. CITY - ST - ZIP	Atlanta, GA. 30361	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	D/VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Charles P. Farrell, Jr.	
3. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
4. CITY - ST - ZIP	Atlanta, GA. 30361	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	John P. Rossetti	
3. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
4. CITY - ST - ZIP	Atlanta, GA. 30361	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. 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

Patricia J. Ray - President

4/18/96 (404) 870-7042

Date (Type in Block 1)

CR2E034 (12/95)

5/1/96