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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H40398 (0)
1. Corporation Name
AMERIFIRST CAPITAL CORPORATION



Principal Place of Business: 100 COLONY SQ BOX 68 STE. 2200 ATLANTA GA 30361
Mailing Address: 100 COLONY SQ BOX 68 STE. 2200 ATLANTA GA 30361-6206

3. Date Incorporated or Qualified: 01/30/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2500381
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. FDIC-1201 W. Peachtree St Suite 1800 Atlanta, GA 30309
22. Suite 1800
23. Atlanta, GA
24. 30309 U.S.
25. U.S.
26. FDIC-1201 W. Peachtree St Suite 1800 Atlanta, GA 30309
27. Suite 1800
28. Atlanta, GA
29. 30309 U.S.
30. U.S.

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTAION 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, 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: RAY, PATRICIA J		1.2 NAME:	
STREET ADDRESS: 100 COLONY SQ BOX 68		1.3 STREET ADDRESS: 1201 W. Peachtree St., Suite 1800	
CITY-ST-ZIP: ATLANTA GA 30361		1.4 CITY-ST-ZIP: Atlanta, GA 30309	
TITLE: DVPS	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FARRELL, CHARLES P		2.2 NAME:	
STREET ADDRESS: 100 COLONY SQ BOX 68		2.3 STREET ADDRESS: 1201 W. Peachtree St., Suite 1800	
CITY-ST-ZIP: ATLANTA GA 30361		2.4 CITY-ST-ZIP: Atlanta, GA 30309	
TITLE: DST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: ROSSETTI, JOHN P		3.2 NAME: Lawrence W. Lockwood	
STREET ADDRESS: 100 COLONY SQ BOX 68		3.3 STREET ADDRESS: 1201 W. Peachtree St., Suite 1800	
CITY-ST-ZIP: ATLANTA GA 30361		3.4 CITY-ST-ZIP: Atlanta, GA 30309	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 do 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 included 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: _____ DATE: 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patricia J. Ray, President
Digitized Profile # 0012782

CR2E034 (9/96)

(404) 817-2567