

2-10-98 B 1847 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 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 # H40398 (0) 714
 1. Corporation Name **AMERIFIRST CAPITAL CORPORATION** 2184
JAN 20 1998



Principal Place of Business FDIC-1201 W. PEACHTREE ST. STE. 1800 ATLANTA GA 30309 US	Mailing Address FDIC-1201 W. PEACHTREE ST. STE. 1800 ATLANTA GA 30309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 FDIC-1910 Pacific Ave Suite, Apt #, etc. 22 STE 1600 City & State 23 Dallas, TX Zip Country 24 75201 25 Dallas	2a. Mailing Address 26 FDIC-1910 Pacific Ave Suite, Apt #, etc. 27 STE 1600 City & State 28 Dallas, TX Zip Country 29 75201 30 Dallas
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3. Date Incorporated or Qualified 01/30/1985	4. FEI Number 59-2500381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *John Schug, President* (NOT Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P	
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	LOCKWOOD, LAWRENCE W.	
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800	
CITY-ST-ZIP	ATLANTA GA	
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

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John S. Schug	
1.3 STREET ADDRESS	1910 Pacific Ave, STE 1600	
1.4 CITY-ST-ZIP	Dallas, TX 75201	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Thomas III	
2.3 STREET ADDRESS	1910 Pacific Ave, STE 1600	
2.4 CITY-ST-ZIP	Dallas, TX 75201	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John H. Fisher	
3.3 STREET ADDRESS	1910 Pacific Ave, STE 1600	
3.4 CITY-ST-ZIP	Dallas, TX 75201	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, President* 1-27-98 800-568-9161

CR2E034 (10/97)