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AND
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95 APR -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J20460** (8)

1. Corporation Name

AMERIFIRST REAL ESTATE GROUP, INC.

Principal Place of Business

Mailing Address

245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US

245 PEACHTREE AVE.
SUITE 1100
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1986

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2687439

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

300001452093

82 Street Address (P.O. Box Number is Not Allowed)

04/10/95--01046--012

83

****208.75 ****208.75

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 fee if applicable

DATE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	SMARTT, ROBERT L	245 PEACHTREE CENTER AVE, SUITE 1100	ATLANTA GA
DV	CORRIGAN, RICHARD	245 PEACHTREE CENTER AVE, SUITE 1100	ATLANTA GA
DST	STRICKLAND, EDD	245 PEACHTREE CENTER AVE., SUITE 1100	ATLANTA GA

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
D/P	C. Lloyd Hixson	245 Peachtree Center Ave. Ste. 1100	Atlanta, GA. 30303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/P/AS	Richard Corriagan	245 Peachtree Center Ave. Ste. 1100	Atlanta, GA. 30303	<input type="checkbox"/>	<input type="checkbox"/>
D/ST	J. Michael Burganier	245 Peachtree Center Ave. Ste. 1100	Atlanta, GA. 30303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/P/AS	Lester V. Hallman	245 Peachtree Center Ave. Ste. 1100	Atlanta, GA. 30303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/AS (officer only)	Rebecca Y. Chandler	245 Peachtree Center Ave. Ste. 1100	Atlanta, GA. 30303	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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

C. Lloyd Hixson, President

4/14/95 (407) 270-6392