

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

FILED
Apr 11 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 # J20460 (8)

1. Corporation Name
AMERIFIRST REAL ESTATE GROUP, INC.



Principal Place of Business FDIC-100 COLONY SQUARE BOX 68 SUITE 2300 ATLANTA GA 30361 US	Mailing Address FDIC-100 COLONY SQUARE BOX 68 SUITE 2300 ATLANTA GA 30361-0000 US
---	--

3. Date Incorporated or Qualified 06/23/1986	3a. Date of Last Report 04/02/1996
--	--

2. Principal Place of Business 21. FDIC-1201 W. Peachtree St. Suite, Apt. #, etc. 22. Suite 1800 City & State 23. Atlanta, GA Zip 24. 30309	2a. Mailing Address 26. FDIC-1201 W. Peachtree St. Suite, Apt. #, etc. 27. Suite 1800 City & State 28. Atlanta, GA Zip 29. 30309	Country 25. U.S. 30. U.S.
--	---	---------------------------------

4. FEI Number 59-2687439	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T 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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY - ST - ZIP	ATLANTA GA 30361	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY - ST - ZIP	ATLANTA GA 30361	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P.	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY - ST - ZIP	ATLANTA GA 30361	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY - ST - ZIP	ATLANTA GA 30361	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary L. Thompson	
1.3 STREET ADDRESS	1201 W. Peachtree St., Suite 1800	
1.4 CITY - ST - ZIP	Atlanta, GA 30309	
2.1 TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1201 W. Peachtree St., Suite 1800	
2.4 CITY - ST - ZIP	Atlanta, GA 30309	
3.1 TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1201 W. Peachtree St., Suite 1800	
3.4 CITY - ST - ZIP	Atlanta, GA 30309	
4.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lawrence W. Lockwood	
4.3 STREET ADDRESS	1201 W. Peachtree St., Suite 1800	
4.4 CITY - ST - ZIP	Atlanta, GA 30309	
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 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 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: Gary L. Thompson **3-18-97** (404) 817-1411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Gary L. Thompson, President

CR2E034 (9/96)