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FILED
May 19 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 # 380614 (8)
 1. Corporation Name
FIRST HALIFAX CORPORATION



Principal Place of Business FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30361 US	Mailing Address FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30301-0068 US
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3. Date Incorporated or Qualified 04/16/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1370721	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	Country 25 U.S.	2a. Mailing Address 26 FDIC-1201 W. Peachtree St. Suite, Apt. #, etc. 27 Suite 1800 City & State 28 Atlanta, GA Zip 29 30309	Country 30 U.S.
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9. Name and Address of Current Registered Agent CT CORPORATON SYSTEM 1200 S. 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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 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 DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKWOOD, LAWRENCE W		1.2 NAME	
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68		1.3 STREET ADDRESS FDIC-1201 W. Peachtree St., Suite 1800	
CITY- ST- ZIP ATLANTA GA 30361		1.4 CITY- ST- ZIP Atlanta, GA 30309	
TITLE DVAS	<input type="checkbox"/> DELETE	2.1 TITLE DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAY, PATRICIA J		2.2 NAME	
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68		2.3 STREET ADDRESS FDIC-1201 W. Peachtree St., Suite 1800	
CITY- ST- ZIP ATLANTA GA 30361		2.4 CITY- ST- ZIP Atlanta, GA 30309	
TITLE DVAS	<input type="checkbox"/> DELETE	3.1 TITLE DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARRELL, CHARLES P		3.2 NAME	
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68		3.3 STREET ADDRESS FDIC-1201 W. Peachtree St., Suite 1800	
CITY- ST- ZIP ATLANTA GA 30361		3.4 CITY- ST- ZIP Atlanta, GA 30309	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANDLER, SCOTT V		4.2 NAME Gary L. Thompson	
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68		4.3 STREET ADDRESS FDIC-1201 W. Peachtree St., Suite 1800	
CITY- ST- ZIP ATLANTA GA 30361		4.4 CITY- ST- ZIP Atlanta, GA 30309	
TITLE DST	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSSETTI, JOHN P		5.2 NAME	
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68		5.3 STREET ADDRESS	
CITY- ST- ZIP ATLANTA GA 30361		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 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: Lawrence W. Lockwood (404) 817-2569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/24/97 Daytime Phone #

CR2E034 (9/96)