

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

FILED
Mar 12 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 # **645926** (7)
1. Corporation Name
AMERIFIRST FLORIDA COMPANY

Principal Place of Business

**5080 SPECTRUM DRIVE
SUITE 100E
DALLAS TX 75248
US**

Mailing Address

**5080 SPECTRUM DRIVE
SUITE 100E
DALLAS TX 75248
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1910 Pacific Ave	26 1910 Pacific Ave		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Office 16-098	27 Office 16-098		
City & State		City & State	
23 Dallas, TX	28 Dallas, TX		
Zip	Country	Zip	Country
24 75201	25 US	29 75201	30 US

3. Date Incorporated or Qualified 11/21/1979	
4. FEI Number 59-1951357	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

**STEARNS, WEAVER, MILLER, ALHADEFF, ET AL
C/O ALISON MILLER
150 W. FLAGLER ST., #220
MIAMI FL 33130**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WERSCHEM, KURT W.	1.2 NAME	John Schug
STREET ADDRESS	FDIC 1201 W PEACHTREE ST, STE 1800	1.3 STREET ADDRESS	1910 Pacific Ave #16-098
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	DALLAS, TX 75201
TITLE	DVAS	2.1 TITLE	DVP
NAME	RAY, PATRICIA J	2.2 NAME	William Thomas, III
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800	2.3 STREET ADDRESS	1910 Pacific Ave, #16-098
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	DVAS	3.1 TITLE	DST
NAME	FARRELL JR., CHARLES	3.2 NAME	John H. Fisher
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800	3.3 STREET ADDRESS	1910 Pacific Ave, #16-098
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	DVAS	4.1 TITLE	
NAME	LOCKWOOD, LAWRENCE W.	4.2 NAME	
STREET ADDRESS	1201 W PEACHTREE ST, STE 1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	DAS	5.1 TITLE	
NAME	THOMPSON, GARY L.	5.2 NAME	
STREET ADDRESS	FDIC 1201 W PEACHTREE ST, STE 1800	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* John Schug 1-15-98 1-800-568-9161

CR2E034 (1097)