

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
1. Corporation Name
AMERIFIRST CAPITAL CORPORATION

(0) 714
2184

JAN 20 1998

Principal Place of Business

FDIC-1201 W. PEACHTREE ST.
STE. 1800
ATLANTA GA 30308
US

Mailing Address

FDIC-1201 W. PEACHTREE ST.
STE. 1800
ATLANTA GA 30309
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. FDIC-1910 Pacific Ave Suite, Apt #, etc.	26. FDIC-1910 Pacific Ave Suite, Apt #, etc.
22. STE 1600 City & State	27. STE 1600 City & State
23. Dallas, TX Zip Country	28. Dallas, TX Zip Country
24. 75201 25. Dallas	29. 75201 30. Dallas

3. Date Incorporated or Qualified 01/30/1985	4. FEI Number 59-2500381	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 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
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	RAY, PATRICIA J
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DVPS
NAME	FARRELL, CHARLES P
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DST
NAME	LOCKWOOD, LAWRENCE W.
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP
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
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
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	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)