

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

FILED

Feb 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
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DOCUMENT # H85866
1. Corporation Name

AMERICAN FIDELITY CORPORATION

Principal Place of Business	Mailing Address
238 N. Westmonte Drive Suite 104 Altamonte Springs, Fl. 32714	P.O. Box 160323 Altamonte Springs, Fl. 32714

3. Date Incorporated or Qualified 11/19/85	3a. Date of Last Report 4/96
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2. Principal Place of Business	2a. Mailing Address	4. FLEI Number 59-2602545	Applied for Not Applicable
21 238 N. Westmonte Dr. Suite, Apt. #, etc.	26 P. O. Box 160323 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite 104 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Altamonte Springs, Fl. Zip 32714 Country Semonole	28 Altamonte Springs, Fl. Zip 32714 Country Seminole	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Combs, Bernadette G.
116 Frances Drive
Altamonte Springs, Fl. 32714

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	John L. Combs	
STREET ADDRESS	116 Frances Drive	
CITY-ST-ZIP	Altamonte Springs, Fl. 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 407/682-2000
Date Daytime Phone #

CR2E034 (9/96)



American Fidelity Mortgage Corporation

Licensed ~~Mortgage Broker~~
Realestate Broker

First & Second Mortgages

Residential

FHA & VA

Commercial

Construction

February 5, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: 1997 Annual Report

Gentlemen,

Enclosed please find the above referenced form dully completed. It was necessary to call for a blank form as I didnot receive my pre-printed form from Tallahassee. We moved from Suite 220 to Suite 104 (within the same building) but for reasons known only to the Post Office the mail did get disrupted.

Please note that we have modified our corporate name as of January 21, 1997. I have enclosed a copy of the Amendment to the Articles of Incorporation for your files.

Thanking you for your cooperation in this matter, I am

Sincerely yours

Bernadette G. Combs
For the Firm