

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 30361-0800
US

2. Principal Place of Business

21 FDIC-1201 W. Peachtree St.

Suite, Apt. #, etc.
22 Suite 1800

City & State
23 Atlanta, GA

Zip Country
24 30309 25 U.S.

2a. Mailing Address

26 FDIC-1201 W. Peachtree St.

Suite, Apt. #, etc.
27 Suite 1800

City & State
28 Atlanta, GA

Zip Country
29 30309 30 U.S.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/23/1986

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2687439

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

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 type the printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CORRIGAN, RICHARD
STREET ADDRESS 100 COLONY SQUARE BOX 68 SUITE 2300
CITY-ST-ZIP ATLANTA GA 30361 ☒ DELETE

TITLE VPSD
NAME RAY, PATRICIA J
STREET ADDRESS 100 COLONY SQUARE BOX 68 SUITE 2300
CITY-ST-ZIP ATLANTA GA 30361 ☐ DELETE

TITLE VPSD
NAME FARRELL, CHARLES P.
STREET ADDRESS 100 COLONY SQUARE BOX 68 SUITE 2300
CITY-ST-ZIP ATLANTA GA 30361 ☐ DELETE

TITLE DST
NAME ROSSETTI, JOHN P.
STREET ADDRESS 100 COLONY SQUARE BOX 68 SUITE 2300
CITY-ST-ZIP ATLANTA GA 30361 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Gary L. Thompson
1.3 STREET ADDRESS 1201 W. Peachtree St., Suite 1800
1.4 CITY-ST-ZIP Atlanta, GA 30309 ☐ Change ☒ Addition

2.1 TITLE DVAS
2.2 NAME
2.3 STREET ADDRESS 1201 W. Peachtree St., Suite 1800
2.4 CITY-ST-ZIP Atlanta, GA 30309 ☒ Change ☐ Addition

3.1 TITLE DVAS
3.2 NAME
3.3 STREET ADDRESS 1201 W. Peachtree St., Suite 1800
3.4 CITY-ST-ZIP Atlanta, GA 30309 ☒ Change ☐ Addition

4.1 TITLE DST
4.2 NAME Lawrence W. Lockwood
4.3 STREET ADDRESS 1201 W. Peachtree St., Suite 1800
4.4 CITY-ST-ZIP Atlanta, GA 30309 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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
Gary L. Thompson, President

3-18-97

(404) 817-1411

Date

Daytime Phone #

CR2E034 (9/96)