

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12782** (9)

1. Corporation Name
FIRST FIDELITY MORTGAGE CORPORATION



Principal Place of Business: **TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346**
Mailing Address: **TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346**

2. Principal Place of Business:
21 Sub., Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address:
26 Sub., Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **01/02/1987**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **58-1715107** 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

9. Name and Address of Current Registered Agent

**O'CONNELL, PHIL JR.
HARVEY BLDG., 5TH FLOOR
WEST PALM BEACH FL 33401**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

CTD	<input type="checkbox"/> DELETE
NAME: MARTIN, JOHN KELL	
STREET ADDRESS: 4400 NORTHSIDE CHASE ATLANTA GA	
CITY-STATE-ZIP: PD	
CTD	<input type="checkbox"/> DELETE
NAME: LELINE, A, WESTCOTT JR.	
STREET ADDRESS: 4235 FAIRWAY DALLAS DR ALPHARETTA GA	
CITY-STATE-ZIP: SC	
CTD	<input type="checkbox"/> DELETE
NAME: KELSEY, BRENDA LYNN	
STREET ADDRESS: 6244 S SUMMER CIRCLE DOUGLASVILLE GA	
CITY-STATE-ZIP: AS	
CTD	<input type="checkbox"/> DELETE
NAME: KROLL, CATHY	
STREET ADDRESS: TWO RAVINIA DR STE 1600 ATLANTA GA	
CITY-STATE-ZIP: ATLANTA GA	
CTD	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
CTD	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *B. Kelsey* DATE: **2/16/96** 770 390-1863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)