

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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P12782 (9)
 1. Corporation Name
FIRST FIDELITY MORTGAGE CORPORATION



Principal Place of Business Mailing Address
TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346
TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346-2104

3. Date Incorporated or Qualified **01/02/1987** 3a. Date of Last Report **02/16/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 58-1715107	Applied For Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 C. Guy Bond					82. Street Address (P.O. Box Number is Not Acceptable) Fallgatter & Bond, P.A.				
83. 121 W. Forsyth Street, Suite 900					84. City Jacksonville				
85. Zip Code FL 32202									

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]* **2-19-97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CTD	<input type="checkbox"/> DELETE	1.1 TITLE CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, JOHN KELL		1.2 NAME Martin, John Kell	
STREET ADDRESS 4400 NORTHSIDE CHASE		1.3 STREET ADDRESS 3460 Tuxedo Road, NW	
CITY, ST, ZIP ATLANTA GA		1.4 CITY-ST-ZIP Atlanta, GA 30305	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LELINE, A, WESTCOTT JR.		2.2 NAME Leline, A, Westcott Jr.	
STREET ADDRESS 4235 FAIRWAY DALLAS DR		2.3 STREET ADDRESS 7830 St. Marlo Country Club Pkwy	
CITY, ST, ZIP ALPHARETTA GA		2.4 CITY-ST-ZIP Duluth, GA 30155	
TITLE SC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELSEY, BRENDA LYNN		3.2 NAME	
STREET ADDRESS 6244 S SUMMER CIRCLE		3.3 STREET ADDRESS	
CITY, ST, ZIP DOUGLASVILLE GA		3.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROLL, CATHY		4.2 NAME	
STREET ADDRESS TWO RAVINIA DR STE 1600		4.3 STREET ADDRESS	
CITY, ST, ZIP ATLANTA GA		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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]* **2/14/96** DATE **770 390-1803** DAYTIME PHONE #

CR2E034 (9/96)