

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 # **F92000000164 (5)**

1. Corporation Name

FAISON CAPITAL DEVELOPMENT, INC.



Principal Place of Business

121 WEST TRADE STREET, SUITE 1900
CHARLOTTE NC 28202-5399

Mailing Address

121 WEST TRADE STREET, SUITE 1900
CHARLOTTE NC 28202-5399

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
09/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

PLEASE ADD: ATTN: Legal Dept.

4. FEI Number
56-1671960

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

27

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOYCE, JOHN M
225 E. ROBINSON ST.
SUITE 500
ORLANDO FL 32801

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 or both if applicable

NOTE: Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
V	CULPEPPER, JAMES H IV	121 WEST TRADE STREET, SUITE 1900	CHARLOTTE NC 28202-5399	<input type="checkbox"/>
V	SHIELDS, COY	121 WEST TRADE STREET, SUITE 1900	CHARLOTTE NC 28202-5399	<input type="checkbox"/>
V	SKILLBECK, ANTHONY W	121 WEST TRADE STREET, SUITE 1900	CHARLOTTE NC 28202-5399	<input type="checkbox"/>
V	STONE, R. DARY	121 WEST TRADE STREET, SUITE 1900	CHARLOTTE NC 28202-5399	<input type="checkbox"/>
VST	WHITAKER, BILLIE B	121 WEST TRADE STREET, SUITE 1900	CHARLOTTE NC 28202-5399	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELIZABETH M. SPEED	ASSISTANT SECRETARY	121 W. Trade St., Suite 1500	Charlotte NC 28202		

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:

[Signature]
ELIZABETH M. SPEED

1-15-96
704

704 331 2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)