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Jan 27 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 # 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: 03/04/1996
4. FEI Number: 56-1671960
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

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: JOYCE, JOHN M, 225 E. ROBINSON ST., SUITE 500, ORLANDO FL 32801
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (85).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V CULPEPPER, JAMES H IV 121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SHIELDS, COY 121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V SKILLBECK, ANTHONY W 121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V STONE, R. DARY 121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VST WHITAKER, BILLIE B 121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399	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	S SPEED, ELIZABETH M 121 W TRAD ST SUITE 1900 CHARLOTTE NC	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: _____ ELIZABETH M. SPEED
Date: 1/17/97 Daytime Phone #: 704 331 2500

CR2E034 (9/96)