


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 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 # 847787 (9) 1. Corporation Name FAIRFAX PROPERTIES, INC.		

Principal Place of Business 975 JOHNSON FERRY RD NE STE 450 ATLANTA GA 30342 US	Mailing Address 975 JOHNSON FERRY RD NE STE 450 ATLANTA GA 30342 US
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2. Principal Place of Business 21 356 Argonne Dr Suite, Apt. #, etc. 22 c/o Ralph Toon, Jr City & State 23 Atlanta Ga Zip 24 30305	2a. Mailing Address 26 c/o Ralph Toon Jr Suite, Apt. #, etc. 27 356 Argonne Dr City & State 28 Atlanta Ga Zip 29 30305	Country 30 Fulton
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9. Name and Address of Current Registered Agent CAMPBELL, DOAK S. 70 SE 4TH AVENUE DELRAY BEACH FL 33483		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	
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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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	GERMANY, T. GORDY	1.2 NAME	
STREET ADDRESS	4033 CLUB DRIVE, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTANTA GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	WYCHE, RONALD L	2.2 NAME	
STREET ADDRESS	3530 PIEDMONT RD. #12L	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTANTA GA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	TOON, RALPH L, JR.	3.2 NAME	
STREET ADDRESS	91 SAN JUAN DRIVE #F5	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	THOMPSON, J. ALLEN	4.2 NAME	
STREET ADDRESS	247 ST MARTINS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MABLETON GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____
7/10/97 770 (404) 853-2536

CR2E034 (4/97)