

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

MAY 11 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006547 (3)**

1. Corporation Name

**ALEXANDER PROPERTIES GROUP, INC.**

Principal Place of Business Mailing Address  
**2300 PEACHFORD ROAD, NE, SUITE 2210 ATLANTA GA 30338**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business

21. **Same**

2a. Mailing Address

26. **Same**

4. FEI Number

**58-1542369**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contributor

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 195.002, Florida Statutes  Yes  No

24. Zip **30338** 25. Country **USA**

29. Zip **30338** 30. Country **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

**N/A**

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

**N/A**

12. OFFICERS AND DIRECTORS

TITLE	<b>PC</b>
NAME	<b>ALEXANDER, ANDY</b>
STREET ADDRESS	<b>5105 CHEDWORTH DRIVE</b>
CITY, ST, ZIP	<b>STONE MOUNTAIN GA 30087</b>
TITLE	<b>VCST</b>
NAME	<b>ALEXANDER, PETE C</b>
STREET ADDRESS	<b>7969 MAJORS ROAD</b>
CITY, ST, ZIP	<b>CUMMING GA 30130</b>
TITLE	<b>AS</b>
NAME	<b>CHERRY, JAMES P</b>
STREET ADDRESS	<b>345 CAMERON RIDGE DRIVE</b>
CITY, ST, ZIP	<b>ATLANTA GA 30328</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL INFORMATION TO BE PROVIDED BY THE APPLICANT

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information included 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 member or partner empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if an officer, or on an attachment, if not an officer.

SIGNATURE:

*Andy Alexander*  
Signature and Title or Printed Name of Signing Officer or Director

4/26/95

(404) 455-4567