

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.)

APPROVED AND FILED *Py. 1082*

97 SEP 15 AM 8:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION'S ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006547 (3)
 1. Corporation Name
ALEXANDER PROPERTIES GROUP, INC.



Principal Place of Business 2300 PEACHFORD ROAD, NE. SUITE 2210 ATLANTA GA 30336	Mailing Address 2300 PEACHFORD ROAD, NE. SUITE 2210 ATLANTA GA 30336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last Report 04/17/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1542369	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VCST
2.3 STREET ADDRESS	ALEXANDER, PETE C
2.4 CITY-ST-ZIP	6240 WESTCHESTER PL. CUMMING, GA 30130
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900002295879--B
3.4 CITY-ST-ZIP	-09/17/97--01092--004
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***165.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ *9/10/97* *770-455-4567*

CR2E034 (4/97)