

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 PEACHFORD ROAD, NE. SUITE 2210 ATLANTA GA 30338	Mailing Address 2300 PEACHFORD ROAD, NE. SUITE 2210 ATLANTA GA 30338
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 58-1542369	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	C
NAME	ALEXANDER, ANDY	1.2 NAME	Alexander, Andy
STREET ADDRESS	5105 CHEDWORTH DRIVE	1.3 STREET ADDRESS	5105 Chedworth Drive
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	1.4 CITY-ST-ZIP	Stone Mountain, GA 30087
TITLE	VCST	2.1 TITLE	VC
NAME	ALEXANDER, PETE C	2.2 NAME	Alexander, Pete C
STREET ADDRESS	6240 WESTCHESTER PLACE	2.3 STREET ADDRESS	6240 Westchester Place
CITY-ST-ZIP	CUMMING GA 30130	2.4 CITY-ST-ZIP	Cumming, GA 30130
TITLE	AS	3.1 TITLE	P
NAME	CHERRY, JAMES P	3.2 NAME	Mann, Curt
STREET ADDRESS	345 CAMERON RIDGE DRIVE	3.3 STREET ADDRESS	774 Springdale Road
CITY-ST-ZIP	ATLANTA GA 30328	3.4 CITY-ST-ZIP	Atlanta, GA 30306
TITLE		4.1 TITLE	AS
NAME		4.2 NAME	Cherry, James P
STREET ADDRESS		4.3 STREET ADDRESS	345 Cameron Ridge Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30328
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 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: _____ 3/10/98 770-455-4567

CR2E034 (10/97)