

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
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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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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1980	3a. Date of Last Report 04/30/1996
4. FEI Number 58-1395365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 P	<input type="checkbox"/> DELETE
NAME GERMANY, T. GORDY	
STREET ADDRESS 4033 CLUB DRIVE, NE	
CITY-ST-ZIP ALTANTA GA	
TITLE V	<input type="checkbox"/> DELETE
NAME WYCHE, RONALD L	
STREET ADDRESS 3530 PIEDMONT RD. #12L	
CITY-ST-ZIP ALTANTA GA	
TITLE SD	<input type="checkbox"/> DELETE
NAME TOON, RALPH L, JR.	
STREET ADDRESS 91 SAN JUAN DRIVE #F5	
CITY-ST-ZIP PONTE VEDRA FL	
TITLE AS	<input type="checkbox"/> DELETE
NAME THOMPSON, J. ALLEN	
STREET ADDRESS 247 ST MARTINS DR	
CITY-ST-ZIP MABLETON GA	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 _____ DATE **7/20/97**

CR2E034 (4/97)