

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000160 (3)**

1. Corporation Name

**SUNSTAR ACCEPTANCE CORPORATION**



Principal Place of Business <b>2 CONCOURSE PKWY STE. #745 ATLANTA GA 30328</b>	Mailing Address <b>2 CONCOURSE PKWY STE. #745 ATLANTA GA 30328</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1992</b>	
21		26		4. FEI Number <b>06-1352594</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COMBS, DONALD M</b>	1.2 NAME	<b>Matthew Hollingsworth</b>
STREET ADDRESS	<b>3042 SHINNECOCK HILLS DRIVE</b>	1.3 STREET ADDRESS	<b>6207 Park Lane</b>
CITY-ST-ZIP	<b>DULUTH GA 30138</b>	1.4 CITY-ST-ZIP	<b>Dallas TX 75225</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EARL A. EGGERT,</b>	2.2 NAME	
STREET ADDRESS	<b>1050 ANSTON DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSWELL GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCKON, JOHN B</b>	3.2 NAME	
STREET ADDRESS	<b>5 INDIA TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRISON NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELILLI, LAWRENCE</b>	4.2 NAME	
STREET ADDRESS	<b>2078 DENNIS LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHLEHAM PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAWLINGS, KATHERINE</b>	5.2 NAME	
STREET ADDRESS	<b>120 MAJOR COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSWELL GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTRONA, JOSEPH A</b>	6.2 NAME	
STREET ADDRESS	<b>2612 SHADOW RIDGE DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON TX</b>	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

*[Handwritten Signature]*

3/12/98

CR2E034 (10/97)