FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:00

DOCUMENT # F93000000168 (5)

1. Corporation Name
AMERICAN STAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
1532 DUNWOODY VILLAGE PKWY SUITE 150 ATLANT GA 30338 US	1532 DUNWOODY VILLAGE PKWY SUITE 150 ATLANTA GA 30338 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 02/04/1994
4. FEI Number: 58-2010396 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, HOWARD E	1.2 NAME	
STREET ADDRESS	1838-A INDEPENDENCE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARVIN, WILLIAM S	2.2 NAME	
STREET ADDRESS	400 CUMBERLAND PARKWAY, BL. 1400, STE. B1	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JAMES H	3.2 NAME	
STREET ADDRESS	1321 PARK GEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, SHEILA	4.2 NAME	
STREET ADDRESS	1838-A INDEPENDENCE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, MARY S	5.2 NAME	
STREET ADDRESS	400 CUMBERLAND PKWY., BLDG. 1400, STE. B1	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	PERRIE, THOMAS D	6.2 NAME	
STREET ADDRESS	115 PERIMETER CENTER PLACE, SUTIE 170	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	6.4 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: _____ 2/9/95 4046718220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000137 FR