

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000000168 (5)

1. Corporation Name

AMERICAN STAR PROPERTIES, INC.



Principal Place of Business

Mailing Address

1532 DUNWOODY VILLAGE PKWY  
SUITE 150  
ATLANTA GA 30338  
US

1532 DUNWOODY VILLAGE PKWY  
SUITE 150  
ATLANTA GA 30338  
US

3. Date Incorporated or Qualified  
01/14/1993

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FET 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOWEN, HOWARD E	
STREET ADDRESS	1838-A INDEPENDENCE SQUARE	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HARVIN, WILLIAM S	
STREET ADDRESS	400 CUMBERLAND PARKWAY, BL. 1400, STE. B1	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRISON, JAMES H	
STREET ADDRESS	1321 PARK GEN ROAD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WRIGHT, SHEILA	
STREET ADDRESS	1838-A INDEPENDENCE SQUARE	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SANDS, MARY S	
STREET ADDRESS	400 CUMBERLAND PKWY., BLDG. 1400, STE. B1	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PERRIE, THOMAS D	
STREET ADDRESS	115 PERIMETER CENTER PLACE, SUITE 170	
CITY-ST-ZIP	ATLANTA GA 30346	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1532 Dunwoody Village Pkwy., Suite 150
1.4 CITY-ST-ZIP	Atlanta, GA 30338
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1532 Dunwoody Village Pkwy., Suite 150
2.4 CITY-ST-ZIP	Atlanta, GA 30338
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5731 Lyons View Drive, Suite 208
3.4 CITY-ST-ZIP	Knoxville, TN 37919
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1532 Dunwoody Village Pkwy., Suite 150
4.4 CITY-ST-ZIP	Atlanta, GA 30338
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (770) 671-8270  
Date Daytime Phone #

CR2E034 (12/95)