

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90005 031 ****150.00

DOCUMENT # **F98000001912**

1. Corporation Name
FASHION STAR, INC.

Principal Place of Business
**67 LIBERTY CHURCH ROAD
CARROLLTON GA 30116-7399**

Mailing Address
**67 LIBERTY CHURCH ROAD
CARROLLTON GA 30116-7399**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

58-1190123

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

24 25 29 30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARSHALL, JANICE	
STREET ADDRESS	369 WEST HWY. 5	
CITY-ST-ZIP	ROOPVILLE GA 30170	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOFTIN, SUE	
STREET ADDRESS	50 GOLFVIEW CLUB DRIVE	
CITY-ST-ZIP	NEWNAN GA 30263	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOFTIN, B. O	
STREET ADDRESS	50 GOLFVIEW CLUB DRIVE	
CITY-ST-ZIP	NEWNAN GA 30263	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	LOFTIN, RICHARD T	
STREET ADDRESS	108 SUNSET COURT	
CITY-ST-ZIP	CARROLLTON GA 30117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, DONALD	
STREET ADDRESS	5 SUMMIT LANE	
CITY-ST-ZIP	NEWNAN GA 30263	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOFTIN, SHARON	
STREET ADDRESS	108 SUNSET COURT	
CITY-ST-ZIP	CARROLLTON GA 30117	

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 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, with all other like empowered.

SIGNATURE: *by Janice Marshall, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 770-854-4444

CR2E034 (1/98)