

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90940** (1)

1. Corporation Name
AMERICAN STAR, INC.

Principal Place of Business: P O BOX 17126 JACKSONVILLE FL 32245
Mailing Address: 4551 SHIRLEY AV JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized: **07/18/1988**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2901445**
5. Certificate of Status Prepared: \$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 management under § 130.022, Florida Statutes: Yes No

2. Principal Place of Business: 21. **4446 HENRIKAS BL**
22. Suite, Apt. # etc.:
23. City & State: **JACKSONVILLE, FL.**
24. ZIP: **32207** 25. COUNTRY: **USA** 26. Mailing Address: 27. Suite, Apt. # etc.: 28. City & State: 29. ZIP: 30. COUNTRY:

9. Name and Address of Current Registered Agent
**DURANT, MICHAEL AVERY
76 LAURA STREET, SUITE 1700
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
B1. Name: **ISSAC LEWY**
B2. Street Address (P.O. Box Number is Not Acceptable): **1513 SAN MARCO BLVD.**
B3. City: **JACKSONVILLE** FL B5. Zip Code: **32207**

11. Pursuant to the provisions of Sections 605.015 and 605.017, 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 §§ 605.015 and 605.017, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D THOMAS, MICHAEL L.	12.2 STREET ADDRESS: 4551 SHIRLEY AV JACKSONVILLE FL	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME:	12.4 STREET ADDRESS:	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:	12.18 STREET ADDRESS:	13.9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME:	12.20 STREET ADDRESS:	13.10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct to the best of my knowledge and belief. I understand that any false or misleading information furnished in this filing is a violation of the provisions of Chapter 130, Florida Statutes, and that any person who furnishes false or misleading information in this filing is liable for the penalties provided in Chapter 130, Florida Statutes, and that my name appears in this filing as the registered agent of the corporation.

SIGNATURE: _____ 4/26/95 904-448-2424