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Jun 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **F97000001649 (9)**

1. Corporation Name
LODESTAR REALTY, INC.

Principal Place of Business	Mailing Address
630 U.S. HWY. #1, STE. 403 NORTH PALM BEACH FL 33408	630 U.S. HWY. #1, STE. 403 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1997

2. Principal Place of Business	2a. Mailing Address
21 **218 U.S. HIGHWAY #1**	26 **218 U.S. HIGHWAY #1**
Suite, Apt. #, etc. 22 **300**	Suite, Apt. #, etc. 27 **300**
City & State 23 **TEQUESTA, FLORIDA**	City & State 28 **TEQUESTA, FLORIDA**
Zip 24 **33469** Country 25 **U.S.A.**	Zip 29 **33469** Country 30 **U.S.A.**

4. FEI Number
APPLIED FOR
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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) FLORIDA DEPARTMENT OF STATE

83 06/08/98--01111--007
***1950.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	BYRNE, THOMAS F		1.2 NAME	BYRNE, THOMAS F.	
STREET ADDRESS	8 KING ST. E., STE. 1600		1.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		1.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	
TITLE	DV	☐ DELETE	2.1 TITLE	D/C	☒ Change ☐ Addition
NAME	DICKIE, PAUL A		2.2 NAME	DICKIE, PAUL A.	
STREET ADDRESS	514 CHARTWELL RD., BOX 880		2.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA		2.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	
TITLE	DP	☐ DELETE	3.1 TITLE	D/P	☒ Change ☐ Addition
NAME	GIBBS, RONALD L		3.2 NAME	GIBBS, RONALD L.	
STREET ADDRESS	630 U.S. HWY. #1, STE. 403		3.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		3.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	
TITLE	DV	☐ DELETE	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	PATTON, GEORGE E		4.2 NAME	PATTON, GEORGE E.	
STREET ADDRESS	514 CHARTWELL RD., BOX 880		4.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA		4.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	
TITLE	DC	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WILSON, G. JAMES		5.2 NAME	WILSON, G. JAMES	
STREET ADDRESS	650 S. TAYLOR AVE.		5.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	LOUISVILLE CO 80027		5.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	
TITLE	T	☐ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MCGEE, NANCY E		6.2 NAME	McGEE, NANCY E.	
STREET ADDRESS	514 CHARTWELL RD., BOX 880		6.3 STREET ADDRESS	218 U.S. HIGHWAY #1, SUITE 300	
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA		6.4 CITY-ST-ZIP	TEQUESTA, FLORIDA, 33469 U.S.A.	

CR2E034 (10/97)

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 _____ May 29, 1998 416/364-1616