

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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| PROFIT CORPORATION ANNUAL REPORT 1996 | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # H13104 (5)

1. Corporation Name

LODESTAR TOWERS, INC.



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| Principal Place of Business 630 US HWY. ONE SUITE 403 NORTH PALM BEACH FL 33408 US | Mailing Address P.O. BOX 14485 NORTH PALM BEACH FL 33408-0485 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country |
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|---|--|
| 3. Date Incorporated or Qualified 07/20/1984 | 3a. Date of Last Report 04/28/1995 |
| 4. FEI Number 59-2453432 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent GIBBS, RONALD 18870 PAINTED LEAF CT. JUPITER FL 33458 | 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 |
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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 (applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | SD BYRNE, THOMAS F. | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| CITY - ST - ZIP | 8 KING ST., EAST TORONTO CA | | |
| TITLE | DV PAUL, DICKIE | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | 514 CHARTWELL, RD. | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| CITY - ST - ZIP | ONTARIO, CANADA | | |
| TITLE | DCE WILSON, JIM | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | 14440 CHERRY LANE CT. | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| CITY - ST - ZIP | LAUREL MD | | |
| TITLE | PD GIBBS, RONALD L. | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | 18870 PAINTED LEAF CT. | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| CITY - ST - ZIP | JUPITER FL | | |
| TITLE | AS LYNCH, COLLEEN A. | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | 630 U.S. HWY ONE | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| CITY - ST - ZIP | N. PALM BEACH FL | | |
| TITLE | DV PATTON, GEORGE | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | 514 CHARTWELL RD. | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
| CITY - ST - ZIP | ONTARIO, CANADA | | |

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|---|--|
| A.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| SALIE RONALD M | |
| 630 U.S. HWY ONE # 403 | |
| NORTH PALM BEACH FL 33408 | |
| 300001878933 | |
| -06/28/96--01029--013 | |
| ***225.00 | |
| 06-27-96 OK | |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald M. Salie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

407-863-5605

CR2E034 (3/96)