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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H13104

(5)

LODESTAR TOWERS, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address		sus manet misse bildis minte mintel Athil 1881
630 US HWY. ONE		P.O. BOX 14485			
SUITE 403	A BEACH FL 33408	North Palm Beach Fl 3 US	33408-0485		
US	Control Control	00		Date Incorporated or Qualified	
0.00	D			07/20/1984	3a. Date of Last Report 06/27/1996
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-2453432	Not Applicable
22]		Suite, Apt. #, etc.	lt ···n		\$8.75 Additional
City & State		City & State		5. Certificate of Status Desired	Fee Required
23		ren 1		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28]	Country	Trust Fund Contribution	Added to Fees
24	25	F 1	₁ '	8. This corporation has liability to	
	9. Name and Address of Currer	nt Realstered Agent	30]	Florida Statutes 10. Name and Address of New F	Yes No
GIBBS, RONALD 81 Name				To: Italie Bld Address of New P	egistereo Agent
18870 PAINTED LEAF CT.					
JUPITER FL 33458			82 Street Add	dress (P.O. Box Number is Not Accepte	ıble)
			83		
			84 City		FL 85 Zip Code
11. Pursuani	to the provisions of Sections 607,050	02 and 607.1508. Florida Statute	s the above-named cor	moration submits this statement for the	Purpose of changing the registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was au	uthorized by the corpora	rporation submits this statement for the alion's board of directors. I hereby according	ept the appointment as registered
SIGNATURE	arrianina with and accept the ornig	ations of, Section 607,0003, Fior	ida Statules.		
Oldinatoric	Signature, typed or printed name of registered ago	ont and filloid applicable (NOTE	Fingistered Agent's gnature requ	ired when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	SD SUBJECT THAT IS	☐ DELETE	1.1 THE		Change Addition
NAME	BYRNE, THOMAS F.		1.2 NAME		
STREET ADDRESS	8 KING ST., EAST		1.3 STREET ADDRESS		i.
CITY-ST-ZIP	TORONTO CA	·- · · · · · · · · · · · · · · · · · ·	1.4 CHY-S1-ZIP		
TITLE	DV DIOME	DELETE	2111111		Change Addition
NAME	PAUL, DICKIE		2.2 NAME		
STREET ADDRESS	514 CHARTWELL, RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CANADA		2 4 CHY - ST - 7IP		ĺ
TITLE	DCE	☐ DELETE	3 1 TOLE		☐ Change ☐ Addition
NAME	WILSON, JIM		3.2 NAME		
STREET ADDRESS	14440 CHERRY LANE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUREL MD		3.4. C/1Y - ST - Z/P	77	
TITLE	GIBBS, RONALD L.	TT DEFETE	4 1 THTLE		Change Addition
NAME	18870 PAINTED LEAF CT.		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL AS	- Drive	4.4 CHY-S1-2IP		
TITLE	SALIE, DONALD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	630 U.S. HWY ONE		5.2 NAME		
STREET ADDRESS	N. PALM BEACH FL 33408		5 9 STREET ADDRESS		
CITY-ST-ZIP	DV	T Driese	5.4 C/TY - ST - Z/P		
TITLE	PATTON, GEORGE	DETLIE	6.1 THEF		☐ Change ☐ Addition
NAME	514 CHARTWELL RD.		6.2 NAME		ļ
STREET ADDRESS	ONTARIO, CANADA		6 3 STREET ADDRESS		
CITY-ST-ZIP	DY Certify that the information supplied	4 is the Abit of Fried along a 1 is a 1 is a 1 is a	6.4 CITY-ST-ZIP		

4. I do hereby certify that the information supplied with this fiting 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.