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 # M07082

LODESTAR TOWER JACKSONVILLE, INC.

(4)

FILED											
Mar	19	1997	8:00am								
Se	cret	tary o	f State								



630 U.S. HWY. ONE P. O. BOX 14485 403 N. PALM BEACH FL 33408 U.S			B- 04 85			3.	Date Incorporated or Qualified	3a. Da			port	
9 Del	nainet Diagn of Du		I 30 Mailine Address				1.	10/29/1984	UO/4	27/19		
2. Principal Place of Business 2a. Mailing Address 21 26			26. Mailing Actoress				4. FEI Number 59-2458286			Applied For Not Applicable		
			Suite, Apt. #, etc.	Apt. #, etc.			_		\$8.75 Additional			
27				5. Certificaté of Status Desire			Certificate of Status Desired	Fee Required				
City & State City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				*****		Trust Fund Contribution	Added to Fees			
Zip 24	,	Country 25	7 [Cou. 29] 30]				8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes ☐ No					
	9. Name and Address of Current Registered Agent						10.	Name and Address of New Reg				
	GIBBS, RON/	ALD L.		E	31	Namo						
18870 PAINTED LEAF COURT					32	Street Add	lress (P	P.O. Box Number is Not Acceptable	le)			
JUPITER FL 33458					33							
•					23							
				ε	34	City			FL	85	Zip C	ode
11. P	ursuant to the prov	risions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abo		named cot	poratio	on submits this statement for the population of directors. I hereby accept		chang	ing its	registered
01 81	ffice or registered : gent. I am familiar	agent, or both, in the SI with, and accept the of	ate of Florida. Such change was a digations of, Section 607.0505. Fix	authorized orida Statu	by : les.	the corpora	ition's t	poard of directors. I hereby accep-	t the appo	ointmer	il as r	egistered
1	ATURE											
	Signature, typ	ed or printed hamic of registered			Agen	t signature requ			DATE		***	
12.	V DV	OFFICERS.	AND DIRECTORS DITFIE	13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	Cha		IN 12
NAME	DICKIE	. PAUL	L. Pitt	1,2 NAM		ļ					90	
		EAA OHADDUTH DOAD			1,3 STREET ADDRESS)
CITY-S1	-ZIP OAKVIL	OAKVILLE, ONT. CANADA			14 CITY - ST - ZIP							
TITLE	DCE		DELFTE	211111	F					Cha	nge	Addition
NAME		WILSON, JIM			2.2 NAME							
STREET	TREET ADDRESS 14440 CHERRY LANE COURT			2,3 \$1R	2.3 STREET ADDRESS							
CITY-ST	LAURE SD	L MU		2, 4 011		· ZIP				1		
TITLE		THOMASE	DELETE	3 1 7/1L						Cha	nge	Addition
NAME	BYRNE, THOMAS F. 8 KING STREET, EAST8B				3.2 NAME							
CITY-ST	TODONTO CAN				3.3 STREET AODRESS 3.4. CHY-SE-ZIP			•				1
TITLE	PD		DELETE	4 1 Tit.						Cha	nge	Addition
NAME		RON L.		4 2 NAM	dΕ							Ì
STREET		PAINTED LEAF CT		4.3 STRE	EET A	DDRESS						
CITY-ST		R FL		4.4 CITY	- SI -	ZIP						
TITLE	AS	DOUM D	☐ DELETE	5.1 TITL						Cha	nge	Addition
NAME	1 000 110	DONALD LANC ONE		5.2 NAM		-						Ì
	AL DALA	S HWY ONE M BCH FL 33408		5.3 STRI								
CHTY-ST TITLE	DV DV	N DOT FL 33400	DELETE	54 CITY 61 TITU		715				Cha	nae	Addition
NAME		N, GEORGE		6.2 NAM		1				LJUM	nye	T VORITION
		IARTWELL RD		6.3 STRE		DDRESS						
CITY-ST-ZIP OAKVILLE, ONT., CANADA					6 4 City - St - ZiP							

14. I do 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 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.