

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.)

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M07593** (0)

1. Corporation Name

LODESTAR TOWER DAYTONA, INC.



Principal Place of Business

Mailing Address

**630 U.S. HWY ONE
SUITE 403
N. PALM BEACH FL 33408
US**

**P.O. BOX 14485
N. PALM BEACH FL 33408-0485
US**

3. Date Incorporated or Qualified

11/09/1984

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2485331

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

**GIBBS, RONALD L.
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

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 the applicable

(FOUR) Registered Agent Signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **BYRNE, THOMAS F.**
STREET ADDRESS **8 KING ST., EAST**
CITY-ST-ZIP **TORONTO, CAN**

TITLE **PD** ☐ DELETE
NAME **GIBBS, RONALD L.**
STREET ADDRESS **18870 PAINTED LEAF CT.**
CITY-ST-ZIP **JUPITER FL**

TITLE **VD** ☐ DELETE
NAME **DICKIE, PAUL**
STREET ADDRESS **514 CHARTWELL RD.**
CITY-ST-ZIP **OAKVILLE, ONT., CAN**

TITLE **AS** ☒ DELETE
NAME **LYNCH, COLLEEN A**
STREET ADDRESS **630 U.S. HWY ONE**
CITY-ST-ZIP **N PALM BCH FL**

TITLE **CEO** ☐ DELETE
NAME **WILSON, JIM**
STREET ADDRESS **14440 CHERRY LN CT**
CITY-ST-ZIP **LAUREL MD**

TITLE **VO** ☐ DELETE
NAME **PATTON, GEORGE**
STREET ADDRESS **514 CHARTWELL RD**
CITY-ST-ZIP **OAKVILLE, ONT, CAN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **A.S.** ☐ Change ☒ Addition
12 NAME **SALIE, RONALD M**
13 STREET ADDRESS **630 U.S. HWY ONE # 403**
14 CITY-ST-ZIP **N PALM BEACH FL 33408**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE **500001878935** ☐ Change ☐ Addition
52 NAME **-06/28/96--01029--015**
53 STREET ADDRESS *****225.00**
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 if 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 **RONALD M SALIE** 6-12-96 407-863-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)