FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: **06/27/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 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 of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, THOMAS F.		1.2 NAME	
STREET ADDRESS	8 KING ST., EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CAN		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIBBS, RONALD L.		2.2 NAME	
STREET ADDRESS	18870 PAINTED LEAF CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DICKIE, PAUL		3.2 NAME	
STREET ADDRESS	514 CHARTWELL RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONT., CAN		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SALIE, DONALD		4.2 NAME	
STREET ADDRESS	630 U.S. HWY ONE		4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408		4.4 CITY-ST-ZIP	
TITLE	CED	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JIM		5.2 NAME	
STREET ADDRESS	14440 CHERRY LN CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, GEORGE		6.2 NAME	
STREET ADDRESS	514 CHARTWELL RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONT, CAN		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Donald M Salie Donald M Salie 3-10-97 561 863-5605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #