FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90155 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M07593

CITY-ST-ZIP

TEQUESTA FL 33469

LODESTAR TOWER DAYTONA, INC.

Principal Place of Business		Mailing Address				f ittifatie in gante in	EBL BING IBIAA MU BIAN	Billi billi gebis a	HUIT BIETH (88)
218 U.S. HWY #1 SUITE 300 TEOUESTA FL 33469 US		218 U.S. HWY #1 SUITE 300 TEOUESTA FL 33469 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or 11/09/1984	Qualifed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-2485331			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status D	of Status Desired See Required		
City & State		City & State				6. Election Campaign Fi	nancing	\$5.00	May Be
23		28				Trust Fund Contributi	on	Added t	o Fees
Zip	Country	Zip	Countr	У		8. This corporation owes			Пи-
24	25		30]		l	Personal Property Ta		12 Yes	□No
	9. Name and Address of Curren	t Registered Agent	8	1 Name		10. Name and Address		a Agent	
CIRE	3S, RONALD L.		ľ		$\mathcal{D}I$	CKIE PAU	L A		
1887	70 PAINTED LEAF CT		8:		Address	(P.O. Box Number is No U.S. HIGHU	t Acceptable)	SUITE C	300
JUPI	TER FL 33458		8:	3			/		•
	4		8-	4 City	 TED	UESTA	F	85 Zip (Code 33469
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-named	comora	tion submits this statemen	nt for the purpose of	of changing its	registered
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida, Such change was autitions of, Section 607,0505, Florid	da Statute	y me comp s.	oralions	board of directors, there	sby accept the appr		gistorou
SIGNATURE	Much	_	PAL	LL A). D	ICKIE	4/28/	99	
	Signature, typed or printed hame of registered agen			ent signature i	required wh	en reinstating)	DATE		DS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		T V	ADDITIONS/CHANGE		Change	Addition
TITLE	S/D	C) DELETE			501	TT, PAUL U)	onange	
NAME	BYRNE, THOMAS F.		1.2 NAME	ET ADDRESS	300	LIC HINY #	I SUITE	300	
STREET ADDRESS			1		Tri	DUESTA FL	22/// 9		
CITY-ST-ZIP	TEQUESTA FL 33469	TU DELETE	1.4 CITY- 2.1 TITLE		129	D LESTIT	<u> </u>	Change	Addition
TITLE	D/P	(A) DEFETE			$ \mathcal{D} $	r a aana a		Last U	
NAME	GIBBS, RONALD L.		2 2 NAME		DIC	KIE PAUL A 8 U.S. HWY #	FI SHITE	300	
STREET ADDRESS				ET ADDRESS	2/1	8 U.S. 1107	221119	000	
CITY-ST-ZIP	TEQUESTA FL 33469	[] DELETE	2. 4 CITY			PUESTA FL	<u> </u>	Change	Addition
TITLE	D/V	C. DELETE	3.1 TITLE		D/	1	. =	-	
NAME .	DICKIE, PAUL		3.2 NAME		7/10	IGEE, NANCY	/ E . #	200	
STREET ADDRESS				ET ADDRESS	210	GEE, NANCE U.S. HWY # QUESTA FO	22469	7	
CITY-ST-ZIP TITLE	TEQUESTA FL 33469	[] DELETE	3.4. CITY-		72	QUESTA PI	23376	Change	Addition
	NOCEE NAMOVE	D 000010	4. 2 NAM					v	
NAME	MCGEE, NANCY E			ET ADDRESS					
STREET ADDRESS		,	1						
CITY-ST-ZIP TITLE	TEQUESTA FL 33469	▼ DELÉTE	4.4 CITY- 5.1 TITLE		 			Change	Addition
	D MILEON MAKE C	[F] OLLE 12	5.2 NAME						_
NAME	WILSON, JAMES G.			ET ADDRESS					
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP TITLE	TEQUESTA FL 33469	DELETE	6.1 TITLE		+	·		Change	Addition
	D/V	_ 555510	6.2 NAME						
NAME STREET ANDRESS	PATTON, GEORGE E.			ET ADDRESS					

14. I 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, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT SIGNATURE: _

6.4 CITY-ST-ZIP