

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

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

05-10-1999 90155 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # M25661

1. Corporation Name

LODESTAR TOWER NORTH PALM BEACH, INC.



Principal Place of Business  
 218 U.S. HWY #1 SUITE 300  
 TEQUESTA FL 33469

Mailing Address  
 218 U.S. HWY #1 SUITE 300  
 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1986

4. FEI Number

59-2618013

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, RONALD L.  
 18870 PAINTED LEAF COURT  
 JUPITER FL 33458

81 Name

DICKIE, PAUL A.

82 Street Address (P.O. Box Number is Not Acceptable)

218 U.S. HWY #1 SUITE 300

84 City TEQUESTA

FL

85 Zip Code 33469

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]*

PAUL A. DICKIE

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES G.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/C	<input type="checkbox"/> DELETE
NAME	DICKIE, PAUL A.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, RONALD L.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	BYRNE, THOMAS F.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MVGEE, NANCY E.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	PATTON, GEORGE E.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT, PAUL W.	
1.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
1.4 CITY-ST-ZIP	TEQUESTA FL 33469	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICKIE, PAUL A.	
2.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
2.4 CITY-ST-ZIP	TEQUESTA FL 33469	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGEE, NANCY E.	
3.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
3.4 CITY-ST-ZIP	TEQUESTA FL 33469	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*[Signature]*

PAUL A. DICKIE

4/28/99

(561) 748-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)