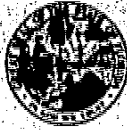


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 11:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M43871

(6)

1. Corporation Name

LODESTAR NEW ORLEANS, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/24/1986

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2752437

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **DV**
NAME **DICKIE, PAUL**
STREET ADDRESS **514 CHARTWELL ROAD**
CITY - ST - ZIP **ONTARIO, CANADA**

TITLE **DP**
NAME **GIBBS, RONALD L.**
STREET ADDRESS **18870 PAINTED LEAF**
CITY - ST - ZIP **JUPITER FL**

TITLE **DCE**
NAME **WILSON, JIM**
STREET ADDRESS **14440 CHERRY LANE CT**
CITY - ST - ZIP **LAUREL MD**

TITLE **AS**
NAME **LYNCH, COLEEN A.**
STREET ADDRESS **630 U.S. HWY ONE**
CITY - ST - ZIP **N. PALM BEACH FL**

TITLE **VD**
NAME **PATTON, GEORGE**
STREET ADDRESS **514 CHARTWELL RD**
CITY - ST - ZIP **ONTARIO, CANADA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 this filing.

SIGNATURE:

Signature and typed or printed name of signing officer on document

3-7-95 407 863-5605
Date Signature #