FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
630 US HWY. ONE SUITE 403 N. PALM BEACH FL 33408 US	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

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: 59-2752437 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, THOMAS F.	1.2 NAME	
STREET ADDRESS	8 KING STREET, EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CAN	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DICKIE, PAUL	2.2 NAME	
STREET ADDRESS	514 CHARTWELL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	GIBBS, RONALD L.	3.2 NAME	
STREET ADDRESS	18870 PAINTED LEAF	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	DCE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JIM	4.2 NAME	
STREET ADDRESS	14440 CHERRY LANE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, COLEEN A.	5.2 NAME	
STREET ADDRESS	630 U.S. HWY ONE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, GEORGE	6.2 NAME	
STREET ADDRESS	514 CHARTWELL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	6.4 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)(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: _____ 3-7-95 407 863-5605
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #

0247080 CP