PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M43871

LODESTAR NEW ORLEANS, INC.

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90155 042 ***150.00

5: : : : : : : : : : : : : : : : : : :					<u> </u>	DIAN BIBIN DIBN 1801	
Principal Place	e of Business	Mailing Address					
218 U.S. HWY #1 SUITE 300 218 U.S. HWY #1 SUITE 300							
TEGESTA FL 33469 US		TEGESTA FL 33469 US		DO NOT WRITE IN THIS SPACE			
05				3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed		
				12/24/1986			
2. Principal Place of Business 2a		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2752437		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional		75 Additional	
27		27		5. Certifcate of Status Desired	□ F6	ee Required	
City & State		City & State		6. Election Campaign Financing	_ \$5	.00 May Be	
23		28		Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible	/	
24	25	29 3	0	Personal Property Tax.	∫Yes	. ⊠No	
	9. Name and Address of Current			10. Name and Address of New F	Registered Agent		
			81 Name	DICKIC COUL A			
GIBB	IS, RONALD L.			DICKIE PAUL A. ddress (P.O. Bóx Number is Not Accepta			
18870 PAINTED LEAF CT			218 U.S. HWV # 1 SUITE 300				
JUPITER FL 33458			83	10 4.0. 1140	0,000,700		
			84 City -7	EQUESTA	FL 85	Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	progration submits this statement for the	purpose of changir	ng its registered	
office or n	egistered agent, or both, in the State of	Florida. Such change was aut	orized by the corpor	ation's board of directors. I hereby accep	ot the appointment	as registered	
office or registered agent, or boilt, if 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 abligations of, Section 607.0505, Florida Statutes. SIGNATURE PAUL A. DICKIE. 4/28/99							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: P.	PAUL egistered Agent signature rec	L A. DICKIE		77	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12	
TITLE	D/S	☐ DELETE	1.1 TITLE	V	☐ Cha		
NAME	BYRNE, THOMAS F.			SCOTT, PAUL W.			
			1.3 STREET ADDRESS	218 U.S. HWY #1	SUITE 30	00	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300			TEQUESTA FL	33469	_	
CITY-ST-ZIP TITLE	TEQESTA FL 33469	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DIP	IZI-Chi	ange Addition	
	DN DALIL A	_ 000070				1	
NAME	DICKIE, PAUL A.		2.2 IVAME	DICKIE PHUL A.	Curre 3		
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		2.3 STREET ADDRESS	DICKIE PAUL A. 218 U.S. HWY #1 TEQUESTA FL 3	3U11E 2U	,,,	
CITY-\$T-ZIP	TEQESTA FL 33469	D DELETE	2. 4 CITY-ST-ZIP	TEQUESTA FL	33767 []Kh	ange	
TITLE	D/P	IN DETE IE	3.1 TITLE	DIT	-	·	
NAME	GIBBS, RONALD L.		3.2 NAME	MCGEE, NANCY E			
STREET ADDRESS			3.3 STREET ADDRESS	MCGEE NANCY E 218 U.S. HWY #1 TEQUESTA FL	SUITE 3	300	
CITY-ST-ZIP	TEQESTA FL 33469	Experience		IEQUESTA FL	<u>33469</u> □Chi	ange Addition	
TITLE	D	☑ DELETE	4.1 TITLE		∐ Cna	ange Madition	
NAME	WILSON, JAMES G.		4. 2 NAME			İ	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		4.3 STREET ADDRESS				
CITY-ST-ZIP	TEQESTA FL 33469		4.4 CITY-ST-ZIP				
TITLE	T	☐ DELETE	5.1 TITLE		Cha	ange	
NAME	MCGEE, NANCY E		5.2 NAME				
STREET ADDRESS	218 U.S. HWY #1 SUITE 300		5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	TEQESTA FL 33469		5.4 CITY-ST-ZIP				
TITLE	D/V	☐ DELETE	6.1 TITLE		Cha	ange 🗌 Addition	
NAME	PATTON, GEORGE E.		6.2 NAME			ĺ	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	TEQESTA FL 33469		6.4 CITY-ST-ZIP	-			

TEQESTA FL 33469 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 regiver 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.

PAUL A DICKIE 4/38/99 (561) 748-9300

DIRECTOR PRESIDENT Date

Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR P