

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M56236** (6)
1. Corporation Name

LODESTAR TOWER ST PETERSBURG, INC.



Principal Place of Business 630 U.S. HIGHWAY 1 SUITE 403 NORTH PALM BCH, FL 33408	Mailing Address 630 U.S. HIGHWAY 1 SUITE 403 NORTH PALM BCH, FL 33408
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3. Date Incorporated or Qualified 07/27/1987	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2830399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GIBBS, RONALD L.
18870 PAINTED LEAF COURT
JUPITER FL 33434-0383**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 type for printed name of registered agent and the applicable

(NOTE: Registered Agent signature required at time of filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, RONALD L.	1.2 NAME	A.S. SALIE RONALD M
STREET ADDRESS	18870 PAINTED LEAF COURT	1.3 STREET ADDRESS	630 U.S. HWY ONE #403
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	NO PALM BEACH FL 33408
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES G.	2.2 NAME	
STREET ADDRESS	1440 CHERRY LANE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAURLE MD	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKIE, PAUL	3.2 NAME	
STREET ADDRESS	514 CHARTWELL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONT., CAN	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, THOMAS F.	4.2 NAME	
STREET ADDRESS	8 KING STREET, EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CAN	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, COLLEEN A	5.2 NAME	700001878937
STREET ADDRESS	630 U.S. HWY ONE	5.3 STREET ADDRESS	-06/28/96--01029--017
CITY-ST-ZIP	N PALM BCH FL	5.4 CITY-ST-ZIP	***225.00
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, GEORGE	6.2 NAME	
STREET ADDRESS	514 CHARTWELL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONT, CAN	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 119.04(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald M. Salie* **RONALD M SALIE** 6-12-96 407-863-5605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)