

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33408-4691



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
07/27/1987

3a. Date of Last Report  
06/27/1996

4. FEI Number  
59-2830399

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE CED  
NAME WILSON, JAMES G.  
STREET ADDRESS 1440 CHERRY LANE CT.  
CITY-ST-ZIP LAURIE MD

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

TITLE VD  
NAME DICKIE, PAUL  
STREET ADDRESS 514 CHARTWELL ROAD  
CITY-ST-ZIP OAKVILLE, ONT., CAN

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

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

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

TITLE AS  
NAME SALIE, DONALD  
STREET ADDRESS 630 U.S. HWY ONE  
CITY-ST-ZIP N PALM BCH FL 33408

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

TITLE DV  
NAME PATTON, GEORGE  
STREET ADDRESS 514 CHARTWELL RD  
CITY-ST-ZIP OAKVILLE, ONT., CAN

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

14. I do 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.

CR2E034 (9/96)