

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58547 (4)

1. Corporation Name

LODESTAR TOWER ST. LOUIS, INC.



Principal Place of Business

Mailing Address

630 U.S. HIGHWAY ONE
P.O. BOX 14485
N. PALM BEACH FL 33408

630 U.S. HIGHWAY ONE
P.O. BOX 14485
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified
09/03/1987

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0026088

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 CT.
JUPITER FL 33458

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 then applicable

(If 11. Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D.S.
1.3 STREET ADDRESS SALIE RONALD M
1.4 CITY-ST-ZIP 630 U.S. Hwy One #403
No Palm Beach Fl 33408

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

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

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

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS DICKIE, PAUL
CITY-ST-ZIP 514 CHARTWELL ROAD
ONTARIO, CANADA

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

TITLE ☒ DELETE
NAME AS
STREET ADDRESS LYNCH, COLLEEN A
CITY-ST-ZIP 630 US HWY ONE
N PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 900001878929
5.3 STREET ADDRESS -06/28/96--01029--000 009
5.4 CITY-ST-ZIP ***225.00

TITLE ☐ DELETE
NAME DV
STREET ADDRESS PATTON, GEORGE
CITY-ST-ZIP 514 CHARTWELL ROAD
ONTARIO, CANADA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

Signature Phone #

06-27-96 OK
642-96 407-863-5605

CR2E034 (3/96)