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Mar 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M58547 (4)</b> 1. Corporation Name <b>LODESTAR TOWER ST. LOUIS, INC.</b>					
Principal Place of Business <b>630 U.S. HIGHWAY ONE P.O. BOX 14485 N. PALM BEACH FL 33408</b>			Mailing Address <b>630 U.S. HIGHWAY ONE P.O. BOX 14485 N. PALM BEACH FL 33408-0485</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/03/1987</b> 3a. Date of Last Report <b>06/27/1996</b> 4. FEI Number <b>65-0026088</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GIBBS, RONALD L. 18870 PAINTED LEAF CT. JUPITER FL 33458</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 resigning) DATE:					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>SD BYRNE, THOMAS F.</b> STREET ADDRESS <b>8 KING STREET, EAST</b> CITY-ST-ZIP <b>TORNOTO, CAN</b> TITLE <input type="checkbox"/> DELETE NAME <b>DCE WILSON, JIM</b> STREET ADDRESS <b>14440 CHERRY LANE CT.</b> CITY-ST-ZIP <b>LAUREL MD</b> TITLE <input type="checkbox"/> DELETE NAME <b>PD GIBBS, RONALD L.</b> STREET ADDRESS <b>18870 PAINTED LEAF CT.</b> CITY-ST-ZIP <b>JUPITER FL</b> TITLE <input type="checkbox"/> DELETE NAME <b>D DICKIE, PAUL</b> STREET ADDRESS <b>514 CHARTWELL ROAD</b> CITY-ST-ZIP <b>ONTARIO, CANADA</b> TITLE <input type="checkbox"/> DELETE NAME <b>AS SALIE, DONALD</b> STREET ADDRESS <b>630 US HWY ONE</b> CITY-ST-ZIP <b>N PALM BEACH FL 33408</b> TITLE <input type="checkbox"/> DELETE NAME <b>DV PATTON, GEORGE</b> STREET ADDRESS <b>514 CHARTWELL ROAD</b> CITY-ST-ZIP <b>ONTARIO, CANADA</b>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*[Signature]* **RONALD L. GIBBS** 3-19-97 514-863-5105

CR2E034 (9/96)