

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M58547
1. Corporation Name
LODESTAR TOWER ST. LOUIS, INC.

(4)

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 218 U.S. HIGHWAY #1

Suite, Apt. #, etc.

22 300

City & State

23 TEQUESTA, FLORIDA

Zip

24 33469

Country

25 U.S.A.

2a. Mailing Address

26 218 U.S. HIGHWAY #1

Suite, Apt. #, etc.

27 300

City & State

28 TEQUESTA, FLORIDA

Zip

29 33469

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GIBBS, RONALD L.
18870 PAINTED LEAF CT.
JUPITER FL 33458

3. Date Incorporated or Qualified

09/03/1987

4. FEI Number

65-0026088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002551638

83

06/08/98 01111-007

84 City

***1950.00

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 in full name of registered agent and the applicant.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/D

BYRNE, THOMAS F.

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

D

WILSON, G. JAMES

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

D/P

GIBBS, RONALD L.

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

D/C

DICKIE, PAUL A.

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

T

McGEE, NANCY E.

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

D/V

PATTON, GEORGE E.

218 U.S. HIGHWAY #1, SUITE 300

TEQUESTA, FLORIDA 33469 U.S.A.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

May 29, 1998 416/364-1616

CR2E034 (10/97)