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 # **M62588** **(2)**

1. Corporation Name

LODESTAR LEASING CORPORATION

Principal Place of Business	Mailing Address
630 US HIGHWAY 1. STE 403 N PALM BCH FL 33408	630 US HIGHWAY 1. STE 403 N PALM BCH FL 33408

3. Date Incorporated or Qualified: **11/16/1987**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0029574** ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CED	☐ DELETE	11 TITLE	A.S.	☐ Change ☒ Addition
NAME	WILSON, G. JAMES		12 NAME	Sallie Lynch M	
STREET ADDRESS	1440 CHERRY LANE CT		13 STREET ADDRESS	630 U.S. Hwy One # 403	
CITY-ST-ZIP	LAUREL MD		14 CITY-ST-ZIP	No Palm Beach FL 33408	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GIBBS, RONALD L.		22 NAME		
STREET ADDRESS	18870 PAINTED LEAF CT		23 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DICKIE, PAUL		32 NAME		
STREET ADDRESS	514 CHARTWELL RD		33 STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONT, CAN		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PATTON, GEORGE		42 NAME		
STREET ADDRESS	514 CHARTWELL RD		43 STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONT, CAN		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE	200001878982	☐ Change ☐ Addition
NAME	BYRNE, THOMAS F.		52 NAME	-06/28/96--01029--012	
STREET ADDRESS	8 KING ST. E.		53 STREET ADDRESS	***225.00	
CITY-ST-ZIP	TORONTO, CAN		54 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LYNCH, COLLEEN A.		62 NAME		
STREET ADDRESS	630 US HWY ONE		63 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		64 CITY-ST-ZIP	06-27-96 OK	

CR2E034 (3/96)

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: Ronald M Sallie Ronald M Sallie 6-10-96 407.863-5605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #