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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
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DOCUMENT # V55949

(4)

1. Corporation Name

LODESTAR TOWER CHARLOTTE, INC.

Principal Place of Business

630 US HWY ONE
SUITE 403
NORTH PALM BEACH FL 33408

Mailing Address

630 US HWY ONE
SUITE 403
NORTH PALM BEACH FL 33408-4691

3. Date Incorporated or Qualified 08/07/1992 3a. Date of Last Report 06/27/1996

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

4. FEI Number

65-0349662

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 COURT
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WILSON, G JAMES
STREET ADDRESS 630 US HWY ONE #403
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ DELETE

NAME DICKIE, PAUL
STREET ADDRESS 630 US HWY ONE #403
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ DELETE

NAME BYRNE, THOMAS F
STREET ADDRESS 630 US HWY ONE #403
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ DELETE

NAME PATTON, GEORGE
STREET ADDRESS 630 US HWY ONE #403
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ DELETE

NAME GIBBS, RONALD L
STREET ADDRESS 630 US HWY ONE #403
CITY-ST-ZIP N PALM BEACH FL

TITLE ☐ DELETE

NAME AS
STREET ADDRESS SALIE, DONALD
CITY-ST-ZIP 630 US HWY ONE #403
N PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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

CR2E034 (9/96)