

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 026 ***150.00

DOCUMENT # P99000109425

1. Entity Name
CAL-LAK, INC.

Principal Place of Business LAKEVIEW AVE., 17TH FLOOR PALM BEACH FL 33401	Mailing Address 221 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401
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652002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0969623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**REGSERV CORP.
 221 LAKEVIEW AVE., 17TH FLOOR
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By: **Mark Nussbaum, Vice President** (NOTE: Registered Agent signature required when reinstating)

DATE: **4/27/00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	221 LAKEVIEW AVE., 17TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark A. Ferrucci	
STREET ADDRESS	CT Corporation System	
CITY-ST-ZIP	1209 Orange Street Wilmington, DE 19801	
TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick J. DiSalvo	
STREET ADDRESS	222 Lakeview Avenue, 17th Floor	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patrick J. DiSalvo** **4/27/00 (sel) 655-9008**
 Vice President Date Daytime Phone #

CR2E034 (9/99)