

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

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082614 (4)
 1. Corporation Name
BLUE LAKE, INC.



Principal Place of Business 1800 CORPORATE BLVD., N.W. SUITE 300 BOCA RATON FL 33431	Mailing Address 1800 CORPORATE BLVD., N.W. SUITE 300 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5000 Blue Lake Drive		2a. Mailing Address 26 5000 Blue Lake Drive		3. Date Incorporated or Qualified 10/07/1996	
Suite, Apt. #, etc. 22 Suite 100		Suite, Apt. #, etc. 27 Suite 100		4. FEI Number 65-0697836	
City & State 23 Boca Raton, Florida		City & State 28 Boca Raton, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33431		Country 25 uUA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33431		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MASANOFF, MICHAEL 1800 CORPORATE BLVD., N.W. SUITE 300 BOCA RATON FL 33431				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)		5000 Blue Lake Drive	
				83		Suite 100	
				84 City		Boca Raton, FL 85 Zip Code 33431	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASANOFF, MICHAEL D	1.2 NAME	Michael D. Masanoff
STREET ADDRESS	1800 CORPORATE BOULEVARD, N.W.	1.3 STREET ADDRESS	5000 Blue Lake Drive, Suite 100
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, NED L	2.2 NAME	Ned L. Siegel
STREET ADDRESS	1800 CORPORATE BOULEVARD, N.W.	2.3 STREET ADDRESS	5000 Blue Lake Drive, Suite 100
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZ II, MORRIS L	3.2 NAME	Morris L. Stoltz, II
STREET ADDRESS	301 YAMATO ROAD--SUITE 3101	3.3 STREET ADDRESS	5000 Blue Lake Drive, Suite 100
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZETTA, MARK A	4.2 NAME	Mark A. Guzzetta
STREET ADDRESS	301 YAMATO ROAD--SUITE 3108	4.3 STREET ADDRESS	5000 Blue Lake Drive, Suite 100
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lawrence J. De George
STREET ADDRESS		5.3 STREET ADDRESS	5000 Blue Lake Drive, Suite 100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* **MICHAEL D. MASANOFF** 2/16/98 947-1111

CFR2034 (10/97)