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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Business

DOCUMENT # P97000015859 (6)

Mailing Address

BLUE LAKE CONSTRUCTION OF BOCA RATON, INC.

Feb 23 1998 8:00am Secretary of State

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1800 CORPO SUITE 300 BOCA RATOR	RATE BLVD. N.W. N FL 33431	1800 CORPORATE BLVD. N.W SUITE 300 BOCA RATON FL 33431	<i>.</i>		DO NOT WRI	ITE IN THIS	S SPACE		
				<u> </u>	3. Date Incorporated or Qualified	d			
2 Principal F	Place of Business	2a. Mailing Address			02/17/1997 4. FEI Number				
└		 η "		I	4. FEI NUMBER 073383	9		oplied For ot Applicable	
Suite, Apr	Suite, Apt. #, etc. Suite, Apt. #, etc.		Lake Drive			1,17		Additional	
[22]	·	27 Suite 100			5. Certificate of Status Desired	<u> </u>		equired	
100	Raton, Florida	City & State Boca Raton,		da	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 334	31 Country USA	Zip 33431 30	Country USA		This corporation owes or has Personal Property Tax due Jui			tangible DNo	
	9, Name and Address of Current	Registered Agent			0. Name and Address of New I		Agent		
	SANOFF, MICHAEL D		81 Nar	me		•			
1800 CORPORATE BLVD, N.W.			82 Sire	eet Address	(P.O. Box Number is Not Accept Lue La ke Drive	able)			
SUITE 300			83			<u>-</u> –		 	
BOCA RATON FL 33431			[] S1	uite :					
			84 GB	oca Ra	aton	FI	85 Zip (^{Code} 33431	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes, th	าค ลทดงค.ทลท	ned cornora	tian submite this statement for the	purpose (of changing it	e 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 proded name of regedered agent								
12.	OFFICERS AND		istered Agent sign:	naturé required wi	hen reinsteting) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	2S IN 12	
TITLE			1.1 TOLE		ector		Change	Addition	
NAME .			1.2 NAME	Mic	hael D. Masano:	ff	a		
STREET ADDRESS		1	1.3 STREET ADDRE	ss 500	00 Blue Lake Dr	ive,		100	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		a Raton, Flori	ла ————	33431		
TITLE NAME			2.1 TITLE	Ned	ector L. Siegel		☐ Change	Addition (
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRES	500	00 Blue Lake Dr.	ive			
CITY-ST-ZIP			2.3 STREET ADURE: 2. 4 CITY-ST-ZIP	_ pm1	te_100				
TITLE			3.1 TITLE	777	ca Raton, Flori	_	Ohange	Addition	
NAME		į,	3.2 NAME	Mor	ris L. Stoltz.	II	-	•	
STREET ADDRESS			3.3 STREET ADDRES	ss DOC	o Brie Lake Dr	ive,	Suite	100	
CITY-ST-ZIP			3 4. CITY-ST-ZIP		a Raton, Flor	<u>1da 3</u>			
TITLE			4.1 TITLE	Dir	rector		Change	Addition	
NAME Street address			4. 2 NAME	500	R A. Guzzetta 00 Blue Lake Dr	ive.	Suite	100	
CITY-ST-ZIP			4.3 STREET ADDRES	ss Boo	a Raton, Flori	da ,	33431	100	
TITLE			4.4 CITY-ST-ZIP 5.1 TITLE	Dir	ector		Change	Addition	
NAME		_	5.2 NAME	Law	rence J. De Ge 0 Blue Lake Dr	Orge			
STREET ADDRESS			5.3 STREET ADDRES	_{ss} 500	00 Blue Lake Dr	ĭve,	Suite	100	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boc	a Raton, Florid	da	33431		
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRES	SS				[

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 is 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 roceivor 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:

MICHAEL D. MASANOFF 3/1498 997-1111