

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

FILED

**Apr 27 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 # P97000084168 (8)
1. Corporation Name
BLUE LAKE CONFERENCE CENTER & CATERING, INC.



Principal Place of Business 1800 CORPORATE BLVD NW SUITE 300 BOCA RATON FL 33431	Mailing Address 1800 CORPORATE BLVD NW 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 Suite, Apt. #, etc. 22 Suite 100 City & State 23 Boca Raton, Florida Zip 24 33431		2a. Mailing Address 26 5000 Blue Lake Drive Suite, Apt. #, etc. 27 Suite 100 City & State 28 Boca Raton, Florida Zip 29 33431		3. Date Incorporated or Qualified 09/29/1997	
		4. FEI Number 65-0785282		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 D 1800 CORPORATE BLVD NW 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	
				85 Zip Code FL 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Michael D. Masanoff
STREET ADDRESS		1.3 STREET ADDRESS	5000 Blue Lake Drive Suite 100
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ned L. Siegel
STREET ADDRESS		2.3 STREET ADDRESS	5000 Blue Lake Drive, Suite #100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Morris L. Stoltz, II
STREET ADDRESS		3.3 STREET ADDRESS	5000 Blue Lake Drive Suite #100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, Florida 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mark A. Guzzetta
STREET ADDRESS		4.3 STREET ADDRESS	5000 Blue Lake Drive, Suite #100
CITY-ST-ZIP		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. DeGeorge
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: _____ Michael D. Masanoff, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (10/97)