

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90134 027 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000084168

1. Corporation Name
BLUE LAKE CONFERENCE CENTER & CATERING, INC.



Principal Place of Business
**5000 BLUE LAKE DR
 SUITE 100
 BOCA RATON FL 33431
 US**

Mailing Address
**5000 BLUE LAKE DR
 SUITE 100
 BOCA RATON FL 33431
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1997

4. FEI Number
65-0785282

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASANOFF, MICHAEL D
 5000 BLUE LAKE DR
 SUITE 100
 BOCA RATON FL 33431**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASANOFF, MICHAEL D.	1.2 NAME	
STREET ADDRESS	5000 BLUE LAKE DR, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, NED L.	2.2 NAME	
STREET ADDRESS	5000 BLUE LAKE DR, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZ, MORRIS L. I	3.2 NAME	
STREET ADDRESS	5000 BLUE LAKE DR, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZETTA, MARK A.	4.2 NAME	
STREET ADDRESS	5000 BLUE LAKE DR, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGEORGE, LAWRENCE J.	5.2 NAME	
STREET ADDRESS	5000 BLUE LAKE DR, SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ DATE: **4/19/99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)