

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

FILED

**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008247 (5)

1. Corporation Name
~~LINKSTAR COMMUNICATIONS CORPORATION~~
HOTOFFICE TECHNOLOGIES, INC.

NC 1/22/97



Principal Place of Business 662 MILITARY TRAIL DEERFIELD BEACH FL 33442	Mailing Address 662 MILITARY TRAIL DEERFIELD BEACH FL 33442-3023
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3. Date Incorporated or Qualified 02/01/1995	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 5201 CONGRESS AVE	2a. Mailing Address 26 5201 CONGRESS AVE
Suite, Apt. #, etc. 22 CE 232	Suite, Apt. #, etc. 27 CE 232
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33487	Country 25
Zip 29 33487	Country 30

4. FEI Number 65-0555805	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent PADVEEN, STEWART 662 S. MILITARY TRAIL DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent			
81 Name PADVEEN, STEWART	82 Street Address (P.O. Box Number is Not Acceptable) 5201 CONGRESS AVE			83 CE 232		84 City BOCA RATON	
				85 FL	86 Zip Code 33487		

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 CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADVEEN, STEWART		1.2 NAME PADVEEN, STEWART	
STREET ADDRESS 662 S. MILITARY TRAIL		1.3 STREET ADDRESS 5201 CONGRESS AVE, CE 232	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERR-HOYMAN, DIRK		2.2 NAME	
STREET ADDRESS C/O 662 SOUTH MILITARY TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOKOLOV, LEONARD J		3.2 NAME	
STREET ADDRESS C/O 662 SOUTH MILITARY TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENHAM, THOMAS		4.2 NAME	
STREET ADDRESS C/O 662 SOUTH MILITARY TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME MAINOR, ROBERT	
STREET ADDRESS		5.3 STREET ADDRESS 5201 CONGRESS AVE #CE232	
CITY-ST-ZIP		5.4 CITY-ST-ZIP BOCA RATON, FL 33487	
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 do 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 _____ **STEWART PADVEEN** 1-30-97

CR2E034 (9/96)