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FILED
Apr 29 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 # P95000008247 (5)
 1. Corporation Name
HOTOFFICE TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5201 CONGRESS AVE. CE 232 BOCA RATON FL 33487		5201 CONGRESS AVE. CE 232 BOCA RATON FL 33487	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	02/01/1995	65-0555805
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For / Not Applicable
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PADVEEN, STEWART
5201 CONGRESS AVE
CE 232
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PADVEEN, STEWART	
STREET ADDRESS	5201 CONGRESS AVE. CE 232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAJNOR, ROBERT	
STREET ADDRESS	5201 CONGRESS AVE #CE232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES G. KOLLEGER	
1.3 STREET ADDRESS	5201 CONGRESS AVENUE, C-232	
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
2.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OAKLEIGH THORNE	
2.3 STREET ADDRESS	5201 CONGRESS AVENUE, C-232	
2.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
3.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK W. BLUMENSTEIN	
3.3 STREET ADDRESS	5201 CONGRESS AVENUE, C-232	
3.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
4.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL SAGAN	
4.3 STREET ADDRESS	5201 CONGRESS AVENUE, C-232	
4.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
5.1 TITLE	OFFICER (U/T/S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEPHEN J. RATTNER	
5.3 STREET ADDRESS	5201 CONGRESS AVENUE, C-232	
5.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
6.1 TITLE	OFFICER (U)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM KELEMEN	
6.3 STREET ADDRESS	5201 CONGRESS AVENUE C-232	
6.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	

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, 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: _____ DATE: 3/13/98

CR2E034 (10/97)