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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90101 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000008247**

1. Corporation Name
HOTOFFICE TECHNOLOGIES, INC.

Principal Place of Business: 5201 CONGRESS AVE. CE 232 BOCA RATON FL 33487
 Mailing Address: 5201 CONGRESS AVE. CE 232 BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) Suite, Apt. #, etc. City & State Zip Country
 2a. Mailing Address (24-26) Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: 02/01/1995
 4. FEI Number: 65-0555805 Applied For: Not Applicable
 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

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 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 _____ (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	MAINOR, ROBERT	
STREET ADDRESS	5201 CONGRESS AVE #CE232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILLEGGER, JAMES G.	
STREET ADDRESS	5201 CONGRESS AVE, C-232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORNE, OAKLEIGH	
STREET ADDRESS	5201 CONGRESS AVE, C-232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUMENSTEIN, JACK W.	
STREET ADDRESS	5201 CONGRESS AVE, C-232	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAGAN, CARL	
STREET ADDRESS	5201 CONGRESS AVE, C-232	
CITY-ST-ZIP	BOCA RATON FL 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D STEPHEN J. RATTNER
3.3 STREET ADDRESS	5201 CONGRESS AVE, C-232
3.4 CITY-ST-ZIP	BOCA RATON FL 33487
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PAUL SAGAN
6.3 STREET ADDRESS	5201 CONGRESS AVE, C-232
6.4 CITY-ST-ZIP	BOCA RATON, FL 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEPHEN J. RATTNER, PRESIDENT, 1/4/99 DATE: 561-995-0005 DAYTIME PHONE #

CR2E034 (1/98)

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