

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

FILED
May 18 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 # P93000064158 (7)
 1. Corporation Name
HOTELVIEW CORPORATION



Principal Place of Business 1600 S DIXIE HWY #3A BOCA RATON FL 33432 US	Mailing Address 1600 S DIXIE HWY #3A BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1291 SW 29th Ave Suite, Apt. #, etc. 22 City & State 23 Pompano Beach, FL Zip Country 24 33069 25 USA	2a. Mailing Address 26 1291 SW 29th Ave Suite, Apt #, etc. 27 City & State 28 Pompano Beach, FL Zip Country 29 33069 30 USA
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3. Date Incorporated or Qualified 09/15/1993	4. FEI Number 65-0442018 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	

g. Name and Address of Current Registered Agent SELMAN, RANDY S 1600 S DIXIE HWY BOCA RATON FL 33432	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) HotelView Corporation 1291 SW 29th Avenue 84 City Pompano Beach, FL FL 85 Zip Code 33069
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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	PDCF <input type="checkbox"/> DELETE	11 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, RANDY S	12 NAME	1291 SW 29th Avenue
STREET ADDRESS	1600 S DIXIE HWY	13 STREET ADDRESS	Pompano Beach, FL 33069
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPERSTEIN, ALAN	22 NAME	
STREET ADDRESS	1600 S. DIXIE HWY	23 STREET ADDRESS	1291 SW 29th Avenue
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> DELETE	31 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	David E. Goodman
STREET ADDRESS		33 STREET ADDRESS	1291 SW 29th Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Randy S. Selman Randy S. Selman 4/24/98 (954) 917-6655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0159340

CR2E034 (10/97)