05-04-1999 90220 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000064158

1. Corporation Name

HOTELVIEW CORPORATION

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Principal Place of Business Mailing Address								
1291 SW 29TH AVE 1291 SW 29TH AVE								
POMPANO BEACH FL 33069 POMPANO BEACH FL 33			39	ļ		DO NOT MIDITE IN THIS SPACE		
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					Į	09/15/1993	Į	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied	1 For	
							plicable	
21		26				65-0442018 Not Ap	• • • •	
Suite, Apt_	#, etc		Suite, Apt. #, etc			5. Certificate of Status Desired Fee Require		
22		City & State	City & State					
City & State	•		7			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe		
23	Country Zip			Country				
Zip	Country	⊢	'			This corporation owes the current year Intangible Personal Property Tax. Yes	Nn	
24	25	29 Seriete and Ament	30			10. Name and Address of New Registered Agent		
g. Name and Address of Current Registered Agent				81 N	ame	10. Hame and regions of their traditionies and		
SELMAN, RANDY S								
HOTELVIEW CORPORATION			Ţ,	82 Street Address (P.O. Box Number is Not Acceptable)		j		
1291 SW 29TH AVENUE			-	02				
	PANO BEACH FL 33069			83			}	
PUM	PANO DEACH PL 33009	•	-	84 C	ity	85 Zip Code	•	
						FL S El S		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					med corpor	ation submits this statement for the purpose of changing its regi-	stered	
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent sign	nature required w	rben reinstating) DATE	_	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
T/TLE	CDCF □ DELETE 1.		1.1 TITL	.E	1	☐ Change ☐	Addition	
NAME .	SELMAN, RANDY S		1.2 NAM	1.2 NAME			-	
STREET ADDRESS	1291 SW 29TH AVE		1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CIT	1.4 CITY-ST-ZIP				
TITLE			2.1 TITL			☐ Change	Addition	
NAME	VOID		2.2 NAI	-2.2 NAME		The state of the s	_	
	1291 SW 29TH AVE			2.3 STREET ADDRESS			-	
STREET ADDRESS	100 011 00 110 110			2.4 CITY-ST-ZIP				
CITY-ST-ZIP	POMPANO BEACH FL 33069 PD X DELETE		_	3.1 TITLE		☐ Change	Addition	
TITLE			1				- "	
NAME	GOODMAN, DAVID E			3.2 NAME			1	
STREET ADDRESS	1291 SW 29TH AVE			3.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33069		_	3.4. CITY-ST-ZIP			Addition	
TITLE	<u> </u>	☐ DELETE	4.1 TITU			☐ Change ☐		
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADD	DRESS		1	
CITY-ST-ZIP	· 		4.4 CIT	Y-ST-ZIP	,			
TITLE		() DELETE	5.1 TTT	E		☐ Change	_ Addition	
NAME			5.2 NA	AE				
STREET ADDRESS			5.3 STF	REET ADO	DRESS			
CITY-ST-ZIP	•		5.4 CIT	Y-ST-ZIP	,			
TITLE	, DELETE		6.1 TITL		-	Change	Addition	
.,,,,,,	· •		6.2 NAM	/F	1		ļ	

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 of 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 autonoment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP

954 917 6655