

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

FILED

Apr 09 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 # **S43842** (1)
1. Corporation Name
HOTEL CONTROL SYSTEMS, INC.

Principal Place of Business
**4200 CRYSTAL LAKE DR
APT 114
POMPANO BEACH FL 33064
US**

Mailing Address
**17911 NW 66 CT.
MIAMI FL 33015
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 4200 CRYSTAL LK DR		04/09/1991	
22 City & State		27 #114		4. FEI Number	
23 Zip		28 POMPANO BCH FL		65-0267378	
24 Country		29 33064		Applied For	
25		30 US		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 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				10. Name and Address of New Registered Agent			
VOLLMAR, RONALD J. 17911 NW 66 CT. MIAMI FL 33015				81 Name RONALD J VOLLMAR			
				82 Street Address (P.O. Box Number is Not Acceptable) 4200 CRYSTAL LK DR			
				83 #114			
				84 City POMPANO BCH FL 85 Zip Code 33064			

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 *Ronald Vollmar* DATE **4/3/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE P				PRESIDENT			
1.2 NAME VOLLMAR, RONALD J.				VOLLMAR, RONALD J.			
1.3 STREET ADDRESS 17911 NW 66 CT				4200 CRYSTAL LK DR #114			
1.4 CITY-ST-ZIP MIAMI FL				POMPANO BCH FL 33064			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 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 my address.

SIGNATURE: *Ronald Vollmar* DATE: **4/3/98** 944 785-4098

CR2E034 (10/97)