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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V43320 (3)
1. Corporation Name
HOSPITALITY SYSTEMS, INC.

Principal Place of Business

6401 CONGRESS AVE
STE 175
BOCA RATON FL 33487
US

Mailing Address

6401 CONGRESS AVE
STE 175
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1992

4. FEI Number

65-0339269

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 6405 CONGRESS AVE.

Suite, Apt. #, etc.

22 STE 120

City & State

23 BOCA RATON

Zip

24 FL

Country

25 PALM BEACH

2a. Mailing Address

26 6405 CONGRESS AVE

Suite, Apt. #, etc.

27 STE 120

City & State

28 BOCA RATON FL

Zip

29 33487

Country

30 USA

9. Name and Address of Current Registered Agent

ROBESON, WILLIAM A
6401 CONGRESS AVE
STE 175
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
CARLSON, JAMES B
STREET ADDRESS 1520 LAKE DR
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME D
ROBESON, WILLIAM A
STREET ADDRESS 821 SW 33 PLACE
CITY-ST-ZIP BOYNTON BCH FL 33435

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR
1.3 STREET ADDRESS WARREN BEAMISH
9273 HARBOR BLVD
1.4 CITY-ST-ZIP COSTA MESA, CA. 92626

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DIRECTOR
2.3 STREET ADDRESS MICHAEL E. HURST
15TH STREET FISHERIES
2.4 CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR
3.3 STREET ADDRESS LAWRENCE W. LE PARD
3.4 CITY-ST-ZIP GEO CAPITAL PARTNERS
FT. LEE. N.J.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address.

CR2E034 (10/97)