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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **V43320**

1. Corporation Name

Principal Place of Business

CANE CONCIDERS AVE

HOSPITALITY SYSTEMS, INC.

HOSPITALITY	とりにかていまいる	IMTERNATIONAL,	Inc
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Mailing Address

6405 CONGRESS AVE

STE 120	STE 120			DO NOT WRITE IN THIS SPACE		
BOCA RATON I	FL 33487	BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed	
					06/12/1992	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0339269 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
<b>├</b> ──	.,	27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing S5.00 May Be	
		<b>⊢</b>			Trust Fund Contribution Added to Fees	
23	Country	Zip Country			8. This corporation owes the current year Intangible	
<b>—</b> і	. ر	— — — —			Personal Property Tax.	
24	25	29 30			10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent	81	Name .	10. Name and Address of New Registered Agent	
200	FOÔN MAILHAN A		"	Name .	James Carlson	
	ESON, WILLIAM A		82 Street Address (P.O. Box Number is Not Acceptable)			
	CONGRESS AVE			(	a 405 Congress Ave	
STE	175		83	<del>-</del>		
BOC	A RATON FL 33487				ST€ 12.0	
			84	City D	oca Raton Fu FL 85 Zip Code 33487	
44	to thevisions of Coations 607.06	02 and 607 1508 Florida Statutes the	above	-named	corporation submits this statement for the purpose of changing its registered	
office or n	egistered agent, or both, in the state	of Florida: Such change was authorize	ed by	the corpo	ration's board of directors. I hereby accept the appointment as registered	
agent. I a	rn familiar with, and accept the oblig	ations of, Section 607.0505, Florida St	atutes.		corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	MINN		0/		S. (MC) 4-30-7/	
			<u> </u>	t signature re	quired when reinstating) DATE	
12.		ND DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	D '	☐ DELETE 1.1	TITLE		5	
NAME	CARLSON, JAMES B	1.2	NAME		Douglas Royse	
STREET ADDRESS	1520 Lake DR	1.3	STREET	ADDRESS	15721 N Greenway-Haydow Loop , SUITE 161	
CITY-ST-ZIP	DELRAY BEACH FL	1.4	CITY-ST	r-ZIP	Scottsdale, AZ 85260	
TITLE	D	☐ DELETE 2.1	TITLE		<b>b</b> ☐ Change ☑ Addition	
NAME	ROBESON, WILLIAM A	22	NAME	İ	<del></del>	
	821 SW 33 PLACE	22	QTOEET	ADDRESS	Randall Demarco	
STREET ADDRESS					Scotsdale, AZ 85260	
CITY-ST-ZIP	BOYNTON BCH FL 33435		4 CITY-S	1-211	Change Addition	
TITLE	-0				<b>B</b> — -	
NAME	BEAMISH, WARREN	• •	NAME		Beran Holland	
STREET ADDRESS	9273 HARBOR BLVD	3.3	STREET	ADDRESS	6405 Comsuss Ave, ETE 120	
CITY-ST-ZIP	COSTA MESA CA 92626		. CITY-S	T-ZIP	BICA Rator FL 33487	
TITLE	D	☐ DELETE 4.1	TITLE	7	<b>D</b> ☐ Change	
NAME	LEPARD, LAWRENCE W.	4.3	2 NAME	Ì	George Zugmick	
STREET ADDRESS	GEO CAPITAL PARTNERS	4.3	STREET	ADDRESS	15721 N. GRENDAY-HONDEN LOOP. SUFFICE	
}	FT. LEE NJ	1	CITY-ST	I	Scotts date, AZ 85260	
CITY-ST-ZIP	n		TITLE	- 411	☐ Change ☐ Addition	
TITLE	( •		NAME			
NAME	HURST, MICHAEL E.			ADDDEGG		
STREET ADDRESS	15TH STREET FISHCRIES	5.3	SIREE	ADDRESS		

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 attention of the corporation of the receiver of trustee empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/30/99 561-241-9998

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90248 026 \*\*\*150.00

(2E034 (11/98)

☐ Addition