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May 05 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 509920

(5)

1. Corporation Name
HOP-A-JET, INC.



Principal Place of Business
**5500 NW 21ST TERRACE
FT LAUDERDALE FL 33309**

Mailing Address
**5500 NW 21ST TERRACE
FT LAUDERDALE FL 33309-2748**

3. Date Incorporated or Qualified 08/10/1976	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1684783	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRENKUS, SHARLENE
6100 BLUE LAGOON DRIVE
SUITE 160
MIAMI FL 33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TSE, JACK	
STREET ADDRESS	122 POPLAR HEIGHTS DRIVE	
CITY-ST-ZIP	ISLINGTON ONTARIO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, BARRY	
STREET ADDRESS	4040 NW 17TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ISE, JACK	
STREET ADDRESS	122 POPLAR HEIGHTS DRIVE	
CITY-ST-ZIP	ISLINGTON ONTARIO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENKUS, SHARLENE	
STREET ADDRESS	6100 BLUE LAGOON DRIVE #160	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRETT, ROBERT	
STREET ADDRESS	171 CLEAR LAKE CIRCLE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TSE, JACK	
1.3 STREET ADDRESS	2085 Hurontario St., Suite 200,	
1.4 CITY-ST-ZIP	Mississauga, Ontario, Canada, L5A 4G1	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELLIS, BARRY	
2.3 STREET ADDRESS	4040 NW 17TH AVENUE	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, Florida, 33334	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CAROE, Laurence C.	
6.3 STREET ADDRESS	2085 Hurontario St., Suite	
6.4 CITY-ST-ZIP	Mississauga, Ontario, Canada, L5A 4G1	

14. I do 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: Laurence C. Caroe April 27, 1997 (905) 803-8898

CR2E034 (9/96)