

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

FILED

Mar 25 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 # **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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5340 N.W. 21st Avenue Suite, Apt. #, etc. 22 Building 60 City & State 23 Fort Lauderdale, Florida Zip 24 33309		2a. Mailing Address 26 5340 N.W. 21st Avenue Suite, Apt. #, etc. 27 Building 60 City & State 28 Fort Lauderdale, Florida Zip 29 33309		3. Date Incorporated or Qualified 08/10/1976	
Country 25 U.S.A.		Country 30 U.S.A.		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRENKUS, SHARLENE 6100 BLUE LAGOON DRIVE SUITE 160 MIAMI FL 33128				10. Name and Address of New Registered Agent 81 Name SHARLENE BRENKUS 82 Street Address (P.O. Box Number is Not Acceptable) 2200 West Commercial Blvd., 83 Suite 309, 84 City Fort Lauderdale FL 85 Zip Code 33309			
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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 *Sharlene Brenkus* **SHARLENE BRENKUS, Director** **January 19, 1998**
Signature, typed or printed name of reg. stored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSE, JACK	1.2 NAME	
STREET ADDRESS	2085 HURONTARIO ST, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ON	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, BARRY	2.2 NAME	
STREET ADDRESS	4040 NW 17TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENKUS, SHARLENE	3.2 NAME	
STREET ADDRESS	6100 BLUE LAGOON DRIVE #160	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROE, LAURENCE C	4.2 NAME	
STREET ADDRESS	2085 HURONTARIO ST, SUITE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ON	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Laurence C. Caroe* **Laurence C. Caroe** **January 19, 1998** **(905)803-8898**

CR2E034 (10/97)