

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90040 013 ***150.00

DOCUMENT # 509920

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

Principal Place of Business

5340 NW 21ST AVE
BUILDING 60
FT LAUDERDALE FL 33309
US

Mailing Address

5340 NW 21ST AVE
BUILDING 60
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1976

4. FEI Number

59-1684783

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BRENKUS, SHARLENE
2200 WEST COMMERCIAL BLVD
STE 309
FORT LAUDERDALE FL 33309

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 D
NAME TSE, JACK
STREET ADDRESS 2085 HURONTARIO ST, SUITE 200
CITY-ST-ZIP MISSISSAUGA ON

TITLE PD
NAME ELLIS, BARRY
STREET ADDRESS 4040 NW 17TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D
NAME BRENKUS, SHARLENE
STREET ADDRESS 6100 BLUE LAGOON DRIVE #160
CITY-ST-ZIP MIAMI FL

TITLE ST
NAME CAROE, LAURENCE C
STREET ADDRESS 2085 HURONTARIO ST, SUITE
CITY-ST-ZIP MISSISSAUGA ON

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Mississauga, Ontario, Canada, L5A 4G1

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 2200 West Commercial Blvd., Suite 309,
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 2085 Hurontario St., Suite 200,
4.4 CITY-ST-ZIP Mississauga, Ontario, Canada, L5A 4G1

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS BRENKUS, Sharlene
5.4 CITY-ST-ZIP 2200 West Commercial Blvd., Suite 309,
Fort Lauderdale, FL 33309

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 an address, with all other like empowered.

SIGNATURE:

Laurence C. Caroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 1999

(905) 803-8898

Date

Daytime Phone #

CR2E034 (11/98)