FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007321 (2)

1. Corporate Name
HOPS OF NORTHEAST FLORIDA, INC.

Principal Place of Business
3030 N ROCKY POINT DRIVE, WEST
SUITE 650
TAMPA FL 33607
US

Mailing Address
3030 N ROCKY POINT DR W
SUITE 650
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or qualified) 11/23/1992
3a. Date of Last Report 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27
City — 23
City & State — 28
24 25 29 30

4. FEI Number 59-3156749 — 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 has paid, or intends to pay, the tax imposed by Section 607.1622, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
HIGBEE, R. ALAN
% FOWLER WHITE GILLEN BOGGS VILLAREAL
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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 Section 607.0501(3), 1989 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MASON, DAVID L
STREET ADDRESS	168 HARBORAGE CT
CITY, ST, ZIP	CLEARWATER FL
TITLE	DVT
NAME	SCHELLDORF, THOMAS A
STREET ADDRESS	170 GREENHAVEN CIRCLE
CITY, ST, ZIP	OLDSMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[X] Change [ ] Addition
NAME	
STREET ADDRESS	3055 TURTLE BROOK
CITY, ST, ZIP	CLEARWATER, FL 34621
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished on request, does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the general report or supplemental annual report is true and correct to the date 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 above, or on an attached exhibit, as such officer or director with an address.

SIGNATURE: Thomas A Schelldorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 (813) 282-9350
Date Daytime Phone

0292077 CP