

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

FILED
Aug 26 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 # P93000087090 (5)

1. Corporation Name

SYSOPS, INC.

Principal Place of Business

5531 SW 196TH LANE
FT. LAUDERDALE FL 33332

Mailing Address

5531 SW 196TH LANE
FT. LAUDERDALE FL 33332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1993	
21. 4861 N. Dixie Highway	26. 4861 N. Dixie Highway	4. FEI Number 65-0457482		Applied For Not Applicable	
Suite, Apt. #, etc. 22. Bays 5e6	Suite, Apt. #, etc. 27. Bays 5e6	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23. Oakland Park, FL	City & State 28. Oakland Park, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24. 33334	Country 25. USA	Zip 29. 33334		Country 30. USA	
9. Name and Address of Current Registered Agent HAWKINS, DONALD S 5531 SW 196TH LANE FT LAUDERDALE FL 33332				10. Name and Address of New Registered Agent	
				81. Name Hawkins, Donald S	
				82. Street Address (P.O. Box Number is Not Acceptable) 4861 N. Dixie Highway	
				83. Bay 5e6	
				84. City Oakland Park	
				FL 85. Zip Code 33334	

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CROPPER, THOMAS S	1.2 NAME	CROPPER, THOMAS S
STREET ADDRESS	11238 OCEAN GATEWAY	1.3 STREET ADDRESS	12326 Pine Rest Dr.
CITY-ST-ZIP	BERLIN MD 21811	1.4 CITY-ST-ZIP	Ocean City, Md 21842
TITLE	ST	2.1 TITLE	ST
NAME	HAWKINS, DONALD S	2.2 NAME	Hawkins, Donald S
STREET ADDRESS	5531 SW 196TH LANE	2.3 STREET ADDRESS	4861 N. Dixie Hwy, Bay 5e6
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	2.4 CITY-ST-ZIP	Oakland Park, FL 33334
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Thomas S. Cropper Aug 18 98 416-213-2303

CR2E034 (10/97)