

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90064 032 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070278

1. Corporation Name
HOPS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 3030 N-ROCKY-POINT-DR-WEST- SUITE-650- TAMPA FL 33607 US	Mailing Address 3030 N-ROCKY-POINT-DR-W- SUITE 650- TAMPA FL 33060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2701 N. Rocky Point Dr. Suite, Apt. #, etc. 22 300 City & State 23 Tampa, FL Zip Country 24 33607 25 USA	2a. Mailing Address 26 2701 N. Rocky Point Dr. Suite, Apt. #, etc. 27 300 City & State 28 Tampa, FL Zip Country 29 33607 30 USA
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3. Date Incorporated or Qualified 09/16/1994	4. FEI Number 59-3294325	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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
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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

Signature, typed or printed name of registered 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	P <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHELLDORF, THOMAS A	1.2 NAME	Thomas A. Schelldorf
STREET ADDRESS	3030 N-ROCKY-POINT-DRIVE-WEST-SUITE-#650-	1.3 STREET ADDRESS	2701 N. Rocky Point Dr., Ste. 300
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	DSVT <input type="checkbox"/> DELETE	2.1 TITLE	Sr.V,D,S,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERENZI, TERRENCE M	2.2 NAME	Terence M. Terenzi
STREET ADDRESS	3030 N-ROCKY-POINT-DR-W-SUITE 650-	2.3 STREET ADDRESS	2701 N. Rocky Point Dr., Ste. 300
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPREE, TOM E JR	3.2 NAME	Tom E. DuPree, Jr.
STREET ADDRESS	3030 N-ROCKY-POINT-DR-W-SUITE 650-	3.3 STREET ADDRESS	2701 N. Rocky Point Dr., Ste. 300
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSELL, KIRK-	4.2 NAME	
STREET ADDRESS	3030 N-ROCKY-POINT-DR-W-SUITE 650-	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL-	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, ERICH	5.2 NAME	Erich Booth
STREET ADDRESS	3030 N-ROCKY-POINT-DR-W-SUITE 650	5.3 STREET ADDRESS	2701 N. Rocky Point Dr., Ste. 300
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33607
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-282-9350

Date

Daytime Phone #

CR2E034 (11/98)