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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State:

DOCUMENT # P97000094801 (2)

THE E-SHOPP CORPORATION

FILED May 21 1998 8:00am Secretary of State

4-13-98

HOCKINK

Principal Place	e of Business	Mailing Address		- 4 19011004 140 (8111 (8811 89111 80111 80	ill odrið lætir bläði lætin norkt erði fæðs
3315 E. OAKLAND PARK BLVD. SUITE #200 FORT LAUDERDALE FL 33308		3315 E. OAKLAND PARK BLVD. SUITE # 200 FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/04/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-079 2740	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	UITE # 205	27 SU(TE	H 205	6. Election Campaign Financing	\$5.00 May Be
23	,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
HOSKINS, JOHN 81 Name CALVANAUGH HOSKINS					
62 Street Addre				ess (P.O. Box Number is Not Acceptate	nte)
MIAMI FL 33015 3315 E				S E. OAKLAND PAR	K BLUD # 205
			° Fo	•	
			84 City	10 000	FL 85 Zip Code 33308
44 Durauant t	to the provisions of Soctions 607 Of	.02 and 607 1508 Florida Statu	ites, the above-named corr	LAUDEM DALE voration submits this statement for the r	
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.					
	~ /// · .			PRESIDENT	4-13-98
SIGNATURE	Signature: typed or priored name of its gistorest in	ALVANAUCH I pertraditionapplicable (NC	111: Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	HOSKINS, CALVANAUGH	n 1	1.2 NAME		
STREET ADDRESS	18346 N.W. 68TH AVENUE,	₩J	1.3 STREET ADDRESS		
CITY-ST-ZW	WANNEL 88015	DELETE	1.4 C(TY - ST - Z)P 2.1 T(TLF		Change Addition
TITLE	ROMELUS, BOZNAI	[_] been	2.1 MLE 2.2 NAME		
NAME Street address	65 SPINNING WHEEL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		2. 4 CITY - ST- ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		i
CITY-\$T-ZIP		DELETE	4.4 CITY-S1-ZIP		Change Addition
TITLE		□ Deteit	5.1 1/TLE		Citalige Addition
NAME OTOGET ADDOCCO			5.2 NAME 5.3 STREET ADDRESS		:
STREET ADDRESS					İ
CITY-ST-ZIP TITLE		OELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby o	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 all achiment with an address.					