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 # **S02285** **(2)**

1. Corporate Name

HOPS OF CARROLLWOOD, INC.

Principal Place of Business

14303 N. DALE MEBRY
TAMPA FL 33618
US

Mailing Address

3030 N. ROCKY POINT DR. W.
SUITE 650
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1990**	3a. Date of Last Report: **08/18/1994**
4. FEI Number: **59-3049829**	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 liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No	

2. Principal Place of Business (21) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

DENHARDT, JAMES W.
2700 FIRST AVE N
ST PETERSBURG FL 33713

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 607.1007 and 617.1908 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. The 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 607.325 Florida Statutes.

Signature(s)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DPS NAME: MASON, DAVID L STREET ADDRESS: 168 HARBORAGE CT CITY-ST-ZIP: CLEARWATER BEACH FL	[X] Change [ ] Addition TITLE: NAME: STREET ADDRESS: 3055 TURTLE BROOK CITY-ST-ZIP: CLEARWATER, FL 34621
TITLE: DVT NAME: SHELLDORF, THOMAS A STREET ADDRESS: 170 GREEHAVEN CIRCLE CITY-ST-ZIP: OLDSMAR FL	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, or Block 2, if changed, or in an attachment with an address.

SIGNATURE: *Thomas A. Shelldorf* **4-30-95** **(813) 282-9350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0292000 CP