

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

FILED  
Mar 31 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 # P94000070843 (5)  
1. Corporation Name  
THE MOUNTAIN, INC.

Principal Place of Business RT. 15 GREENVILLE ME 0441 US	Mailing Address P.O. BOX D GREENVILLE ME 0441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 01-0495432		Applied For Not Applicable	
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip	25 Country	28 Zip		29 Country	
24 Zip		25 Country		28 Zip	
29 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 Zip		25 Country		28 Zip	
29 Country		30 Country		29 Country	

9. Name and Address of Current Registered Agent

CONFALONE, JAMES  
3300 SOUTH MOORINGS WAY  
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 CONFALONE, JAMES	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3400 S. DIXIE HIGHWAY	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V CONFALONE, KAREN	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3400 SO DIXIE HWY	22 NAME	
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

*James Confalone*

3/4/98 207-695-1020

CR2E034 (10/97)