**2003 NOT-FOR-PROFIT CORPORATION** 

Uľ	AILOKW ROZINE	:22 KEPOKI	(U	BK)						;
DOCU  1. Entity Nam  MOUNT H INC.	CH,			0	FILE 3 SEP 26					
Principal Plac 401 NW 7TH T FT LAUDERDA		Mailing Address P. O. BOX 14093 FT LAUDERDALE FL 33311				SECRETARY OF STAIL TALLAHASSEE, FLORIDA				
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	re	City & State				4. FEI Number 59	-1200791	<b>⊢</b>	oplied For ot Applicable	7
Zip Country		Zip Cou		intry		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent				7. Name and Add	ess of New Regi	stered Agent		]
e	المحقيد المراج المراج المراج المراجع	يعد الريب والمنصوب والأناء		Name_						
WHITE, JOHN F REV 401 NW 7TH TERRACE					Street Address (P.O. Box Number is Not Acceptable)					
ft laud	ERDALE FL 33311		3065 SW 189th Avenue							
				$^{-\text{City}}\mathcal{M}$	irai	mar		FL Y	29	
	stenature, typed or printed name of registered agent in the second secon	9. Election Cam	Registered	inancing	re required	when reinstating) \$5.00 May Be Added to Fees		Check Payable		
	· · · · · · · · · · · · · · · · · · ·						<del></del>	·		4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JOHN F 3065 SW 189TH AVE MIRAMAR FL 33029	□ Delete			А	ÖDİTIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS IN Change	10 Addition	JE007 (4 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LUTHER D 131 SW 131ST AVE FT LAUDERDALE FL 33311	□ Delete	Delete TITLE NAME STREE			2000 09/26/03-	)2336 <sup>-</sup> -0107700	□ Change <b>7562</b> 02 **245.00	☐ Addition	]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, LACERENTHIA 1705 NW 8TH CT FT LAUDERDALE FL 33311	☐ Delete						☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	SD Williams, Daisy M 5570 NW 44TH ST Lauderhill FL 33319	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, OZELL 3731 NW 8TH PLACE FT LAUDERDALE FL 33311	☐ Delete		4				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete	CITY-	ET ADDRESS ST-ZIP	ad in Se	otion 119 07/3Vi). Flo	rida Statutae i fur	☐ Change	Addition	

Intereby dentity that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

EQUIRETohn F. White 09/16/03

(954) 463-6309