

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

FILED

**Jan 21 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 # F96000001334 (9)
 1. Corporation Name
MOUNTAIN TOWER, LTD., INC.



Principal Place of Business 120 N. RIVERSIDE DRIVE EDGEWATER FL 32132	Mailing Address 120 N. RIVERSIDE DRIVE EDGEWATER FL 32132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 109 W. Knapp Ave Suite, Apt. #, etc.		2a. Mailing Address 26 109 W. Knapp Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/15/1996	
22 City & State EDgewater, FL		27 City & State EDgewater, FL		4. FEI Number 14-1714829	
23 Zip 32132		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MONCURE, MOLLY 120 N. RIVERSIDE DRIVE EDGEWATER FL 32132				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 134 SEA ST.	
83				84 City NEW SMYRNA BEACH	
				85 Zip Code FL 32168	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCY	<input type="checkbox"/> DELETE	1.1 TITLE MONCURE, MOLLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONCURE, MOLLY		1.2 NAME	
STREET ADDRESS 120 N. RIVERSIDE DRIVE		1.3 STREET ADDRESS 134 SEA ST.	
CITY-ST-ZIP EDGEWATER FL 32132		1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE VCVS	<input type="checkbox"/> DELETE	2.1 TITLE MONCURE, PETER W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONCURE, PETER W		2.2 NAME	
STREET ADDRESS 120 N. RIVERSIDE DRIVE		2.3 STREET ADDRESS 134 SEA ST	
CITY-ST-ZIP EDGEWATER FL 32132		2.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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.

SIGNATURE: Molly Moncure **MOLLY MONCURE** 1-12-98 904-426-2521

CR2E034 (10/97)